CC FINANCING STATEMENT AMENI LOW INSTRUCTIONS (front and back) CAREFULLY	OMENT	20090925000366620 1/1 Shelby Coty ludge	\$ . \@@
NAME & PHONE OF CONTACT AT FILER [optional]		Shelby Cnty Judge of Pr 09/25/2009 10:44:15 AM	
RUFFIN/205/226-1902 SEND ACKNOWLEDGMENT TO: (Name and Address)			CCD/CERI
	····		
ALABAMA POWER COMPANY			
600 NORTH 18TH STREET			
BIRMINGHAM, AL 35203			
	<b>₽</b>		
		THE ABOVE SPACE IS FOR FILING OFFICE	USE ONLY
INITIAL FINANCING STATEMENT FILE#	220/CITELDW	1b. This FINANCING STATEM to be filed [for record] (or	
200507200003627		REAL ESTATE RECORD	S.
TERMINATION: Effectiveness of the Financing Statement ident			
CONTINUATION: Effectiveness of the Financing Statement id continued for the additional period provided by applicable law.	lentified above with respect to security	interest(s) of the Secured Party authorizing this Continuation	on Statement is
	o or 7h and addrage of acciange in item	7c: and also give name of assignor in item 9	
ASSIGNMENT (full or partial): Give name of assignee in item 7			
AMENDMENT (PARTY INFORMATION): This Amendment afford the check one of the following three boxes and provide appropriate informations are checked to the communication of the following three boxes and provide appropriate informations are considered to the communication of the following three boxes and provide appropriate informations are considered to the communication of the communicat	· · · · · · · · · · · · · · · · · · ·	TOF LECORG. CHECK ONLY OLLE OF GIESE THE BOXCS.	
CHANGE name and/or address: Give current record name in item l	6a or 6b; also give new DELETS	E name: Give record name ADD name: Complete its	em 7a or 7b, and als
name (if name change) in item 7a or 7b and/or new address (if add	ress change) in item 7c.	sieted in item oa or ob.	ems rang (mappino
6a. ORGANIZATION'S NAME			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME  MELISSA	MIDDLE NAME  MAYO	SUFFIX
BELL	IVIELISSA	IVIAIO	
CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME			
78. ONGARIZATION O NAME			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
BELL	WALTER	CHARLES	
MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTR
5245 ROY DR	HELENA	AL 35080	Fanci
TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANI ORGANIZATION	IZATION 7f. JURISDICTION OF C	ORGANIZATION 7g. ORGANIZATIONAL ID #, if	
DEBTOR			ľ
AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire rest	ated collateral description, or describe	collateral assigned.	
adds collateral or adds the authorizing Debtor, or if this is a Termination			
adds collateral or adds the authorizing Debtor, or if this is a Termination 9a. ORGANIZATION'S NAME			
NAME OF SECURED PARTY OF RECORD AUTHORIZING adds collateral or adds the authorizing Debtor, or if this is a Termination of the second part of the			