STATE OF ALABAMA — UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. — FORM UCC-3

Important: Read Instructions on Back Before Filling out Form.

☐ The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	This FINANCING STATEMENT filing pursuant to the Uniform	Fis presented to a Filing Officer f Commercial Code.	lor
Return copy or recorded original to	·· ·	THIS SPACE FOR USE OF FILING OFF Date, Time, Number & Filing Office	" '	
Alabama Power Company 600 North 18th Street Birmingham, AL. 35291-1135 Attn: Division Accounting Services			1	
			7	145 F1E
Pre-paid Acct. # 2. Name and Address of Debtor	(Last Name First if a Person)		ģ	⊕ ₩ ₩
James Gregory Harris 110 Hill St Wilsonville, AL 35186			* 2001-	PH CER
Social Security/Tax ID #			\$\frac{1}{2}	6/0 1.08 1.08 1.08
2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)		Ä	ÖÖ
Jessica M. Harris 110 Hill St Wilsonville, AL 35186				
Social Security/Tax ID #				
Additional debtors on attached UCC-E 3. SECURED PARTY (Last Name First if a Person)				
Alabama Power Company 600 North 18th Street Birmingham, AL. 35291-11 Attn: Division Accounting		4. ASSIGNEE OF SECURED PARTY	(IF ANY) (Las	t Name First if a Person)
Social Security/Tax (D #				
Additional secured parties on attached UCC-E	1007 2604			
5. This statement refers to original Financing Statement Filed withShelby County J		Date Filed Aug.	15, 20 1997	- 7
6. Continuation. The original financing statement between Termination. Secured Party no longer claims a secured Party's right under the financing Full property described in item 11 or to all whose name and address appears in Financing statement bearing file numbers.	een the foregoing Debtor and Secured Pa urity interest under the financing statement nancing statement bearing file number should be property listed on this file, is assign	arty, bearing file number shown above, is not bearing the file number shown above, own above to the led to the assignee in item 11.	still effective.	
			Bad Bed Col	ter Code(s) From ck of Form That st Describes The flateral Covered This Filing:
				
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Check X if covered: Products of Collateral are also c	overed.	P.A. H	milen	
Check X if covered: Products of Collateral are also c	overed.	Signature(s) of Secured Party(
			ies) Company	