



NAME & PHONE OF CONTACT AT FILER [optional] ATRICIA HUNTLEY/205-226-1925					
SEND ACKNOWLEDGMENT TO: (Name and Address)					
ALABAMA POWER COMPANY 600 NORTH 18TH STREET BIRMINGHAM, AL 35291					
			-		
		THE ABOVE S		R FILING OFFICE US	
. INITIAL FINANCING STATEMENT FILE # 20288-SHELBY			to b	e filed [for record] (or rec AL ESTATE RECORDS.	orded) in the
TERMINATION: Effectiveness of the Financing Statement	identified above is terminate	d with respect to security interest(s) of th	e Secured Par	ty authorizing this Termin	ation Statement.
CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable land	ent identified above with res	pect to security interest(s) of the Secur	ed Party author	orizing this Continuation	Statement is
ASSIGNMENT (full or partial): Give name of assignee in it		assignee in item 7c; and also give name	of assignor in	item 9.	
AMENDMENT (PARTY INFORMATION): This Amendme			one of these	two boxes.	
Also check one of the following three boxes and provide appropria	item 6a or 6b; also give new	DELETE name: Give record no	ıme 🔲 Al	DD name: Complete item	7a or 7b, and also
name (if name change) in item 7a or 7b and/or new address (	if address change) in item 70	to be deleted in item 6a or 6b.	ite	m 7c; also complete item	s 7d-7g (if applicab
CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME		<u>.                                    </u>		<u> </u>	···
Da. CINGAINEATION O WAINE					
6b. INDIVIDUAL'S LAST NAME	FIRST	FIRST NAME		NAME	SUFFIX
RIGSBY	BEN	BENJAMIN			
7a. ORGANIZATION'S NAME					
R 7b. INDIVIDUAL'S LAST NAME	FIRST		MIDDLE M.	NAME	SUFFIX
76. INDIVIDUAL'S LAST NAME RIGSBY				NAME POSTAL CODE	SUFFIX
R 76. INDIVIDUAL'S LAST NAME RIGSBY  C. MAILING ADDRESS	LIS		M.		
R 76. INDIVIDUAL'S LAST NAME RIGSBY  C. MAILING ADDRESS 305 COLONIAL DR.	LIS. CITY ALA	<u> </u>	M. STATE AL	POSTAL CODE	COUNTRY
7b. INDIVIDUAL'S LAST NAME RIGSBY  MAILING ADDRESS 05 COLONIAL DR.  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF OR ORGANIZATION   DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one	LISA CITY ALA RGANIZATION 7f. JUF	ABASTER RISDICTION OF ORGANIZATION	M. STATE AL 7g. ORG	POSTAL CODE 35007	COUNTRY
Tb. INDIVIDUAL'S LAST NAME RIGSBY  C. MAILING ADDRESS  305 COLONIAL DR.  C. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF OR ORGANIZATION   DEBTOR    DEBTOR   Describe collateral   deleted or   added, or give entire	CITY ALA RGANIZATION  To a box.  restated collateral descrip	ABASTER RISDICTION OF ORGANIZATION  tion, or describe collateral assigned	M. STATE AL 7g. ORG	POSTAL CODE 35007  SANIZATIONAL ID #, if ar	COUNTRY
Th. INDIVIDUAL'S LAST NAME RIGSBY  TO MAILING ADDRESS  TO SOLONIAL DR.  TO	CITY ALA RGANIZATION 7f. JUF  B box. restated collateral descrip	ABASTER RISDICTION OF ORGANIZATION  tion, or describe collateral assigned  NT (name of assignor, if this is an Assign	M. STATE AL 7g. ORG	POSTAL CODE 35007  SANIZATIONAL ID #, if ar	COUNTRY
RIGSBY  C. MAILING ADDRESS  3.05 COLONIAL DR.  C. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF OR ORGANIZATION   DEBTOR  Describe collateral   deleted or   added, or give entire    ORGANIZATION   DESCRIBED PARTY OF RECORD AUTHOR adds collateral or adds the authorizing Debtor, or if this is a Territory of the collateral or adds the authorizing Debtor, or if this is a Territory of the collateral or adds the authorizing Debtor, or if this is a Territory of the collateral or adds the authorizing Debtor, or if this is a Territory of the collateral or adds the authorizing Debtor, or if this is a Territory of the collateral or adds the authorizing Debtor, or if this is a Territory of the collateral or adds the collateral or adds the authorizing Debtor, or if this is a Territory of the collateral or adds the authorizing Debtor, or if this is a Territory of the collateral or adds the co	CITY ALA RGANIZATION 7f. JUF  RIZING THIS AMENDMEN  mination authorized by a Deb	ABASTER RISDICTION OF ORGANIZATION  tion, or describe collateral assigned  NT (name of assignor, if this is an Assign	M. STATE AL 7g. ORG	POSTAL CODE 35007  SANIZATIONAL ID #, if ar	COUNTRY