


20040416000198160 Pg 1/1 .00 Shelby Cnty Judge of Probate, AL 04/16/2004 10:30:00 FILED/CERTIFIE

ALABAMA POWER CO MPANY 600 NORTH 18TH STREET BIRMINGHAM AL 35291 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL FINANCING STATEMENT FILE # 2001-23131/SHELBY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY In This Financing Statement for Indian Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement identified above with respect to security interest(s) of the Secured Party authorizing this Confinuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Confinuation Statement identified above with respect to security interest(s) of the Secured Party authorizing this Confinuation Statement is continued for the additional period provided by spolicable law. ASSIGNMENT (full or partial): Give name of assignee in Item 7a or 7b and address of assignee in Item 7c; and also give name of assigner in Item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Chack only one of these two boxes. Also drack ago of the following three boxes and provide appropriate information in Items 6 and/or 7b. CHANGE name and/or address. Give current record name in Items 6 and/or 7b. CHANGE name and/or address. Give current record name in Items 6 and/or 7b. CHARGE name and/or address. Give current record name in Items 6 and/or 7b. To be dieleted in Item 6a or 6b. GIVEN TO SECURE AND SECOND INFORMATION: First NAME PHILLIP GLAPPICE NAME FIRST NAME PHILLIP J. CHANGED (NEW) OR ADDED INFORMATION: First NAME FIRST NAM						
NAME & PHONE OF CONTACT AT FILER (optionel) SEND ACKNOWLEDGMENT TO: (Name and Address) ALABAMA POWER CO MPANY 600 NORTH 18TH STREET BIRMINGHAM AL 35291 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 600 NORTH 18TH STREET BIRMINGHAM AL 35291 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 600 NORTH 18TH STREET BIRMINGHAM AL 35291 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 600 NORTH 18TH STREET BIRMINGHAM AL 35291 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 600 NORTH 18TH STREET BIRMINGHAM AL 35291 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 600 NORTH 18TH STREET BIRMINGHAM AL 35291 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 600 NORTH 18TH STREET BIRMINGHAM AL 35291 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 600 NORTH 18TH STREET BIRMINGHAM AL 35291 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 600 NORTH 18TH STREET BIRMINGHAM AL 35291 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 600 NORTH 18TH STREET BIRMINGHAM AL 35291 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 600 NORTH 18TH STREET BIRMINGHAM AL 35291 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 600 NORTH 18TH STREET BIRMINGHAM AL 35291 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 600 NORTH 18TH STREET BIRMINGHAM AL 35291 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 600 NORTH 18TH STREET BIRMINGHAM AL 35291 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 600 NORTH 18TH STREET BIRMINGHAM AL 35291 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 600 NORTH 18TH STREET BIRMINGHAM AL 35291 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 600 NORTH 18TH STREET BIRMINGHAM AL 35291 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 600 NORTH 18TH STREET 600 NORTH 18TH STREET 600 NORTH 18TH STREET 600 NORTH 18TH STREET 600 NORTH 18TH STREET 600 NORTH 18TH STREET 600 NORTH 18TH STREET 600 NORTH 18TH STREET 600 NORTH 18TH STREET 600 NORTH 18TH STREET 600 NORTH 18TH STREET 600 NORTH 18TH STREET 600 NORTH 18TH STREET 600 NORTH 18TH STREET 600 NORTH 18TH STREET 600 NORTH 18TH STREET 600 NORTH 18TH STREET 600 NORTH 18TH STREET 600 NORTH 18	JCC FINANCING STATEMEN	TAMENDMEN				
ALABAMA POWER CO MPANY 600 NORTH ISTH STREET BIRMINGHAM AL 35291 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 81011-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-						
ALABAMA POWER CO MPANY 600 NORTH 18TH STREET BIRMINGHAM AL 35291 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1011/16. FINANCING STATEMENT FILE # 2001-2313 I/SHELBY TERMINATION: Effectiveness of the Financing Statement Identified above is terminated with respect to security interest(e) of the Secured Party authorizing this Termination Statement is continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignee in item 8. AMENDMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (FARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also chack gag of the following three boxes and provide appropriate information in items 8 and/or 7. CHANGE amen and/or address. Give current record name in item 6a of 6b; also give name of assignor in item 9. ADD name: Complete item 7a or 7b, and statement for the secured party of record. Check only one of these two boxes. Ben 17c; also complete item 7a or 7b and statement for the secured party of record. Check only one of these two boxes. Ben 7c; also complete items 7c-7g (if applic CURRENT RECORD INFORMATION: Ga. ORGANIZATION'S NAME FIRST NAME CAIN DOROTHY FIRST NAME DOROTHY FIRST NAME DOROTHY FIRST NAME DOROTHY STATE POSTAL CODE CAIN MALING ADDRESS GITY STATE POSTAL CODE COUNTR ALABASTER AL 35007 AMENDMENT (COLLATERAL CHANGE): check only one box.	C.C. BARGER/205-226-1401	phonail				
## ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL FINANCING STATEMENT FILE # 2001-23131/SHELBY The Financing Statement File # 2001-23131/SHELBY The Financing Statement Identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by spublicable law. ASSIGNMENT (full or partial): Give name of assignee in Item 7a or 7b and address of assignee in Item 7c; and also give name of assigning in Item 9. AMENOMENT (PARTY INFORMATION): This Amendment affects Debtor og Secured Party of record. Check only gate of these two boxes. Ass check gas of the following three boxes and provide appropriate information in Items 6 and/or 7. Associated gate of the following three boxes and provide appropriate information in Items 6 and/or 7. CHANGE anner and/or address. Give current rock dame in Item 6 are 5th, also give name (if name change) in Item 7a or 7b, and also give name (if name change) in Item 7a or 7b and address of the following three boxes and provide appropriate information in Items 6 and/or 7. CHANGE anner and/or address. Give current rock dame in Item 6a or 6b. Debtor of these two boxes.	B. SEND ACKNOWLEDGMENT TO: (Name an	d Address)				
## ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL FINANCING STATEMENT FILE # 2001-23131/SHELBY The Financing Statement File # 2001-23131/SHELBY The Financing Statement Identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by spublicable law. ASSIGNMENT (full or partial): Give name of assignee in Item 7a or 7b and address of assignee in Item 7c; and also give name of assigning in Item 9. AMENOMENT (PARTY INFORMATION): This Amendment affects Debtor og Secured Party of record. Check only gate of these two boxes. Ass check gas of the following three boxes and provide appropriate information in Items 6 and/or 7. Associated gate of the following three boxes and provide appropriate information in Items 6 and/or 7. CHANGE anner and/or address. Give current rock dame in Item 6 are 5th, also give name (if name change) in Item 7a or 7b, and also give name (if name change) in Item 7a or 7b and address of the following three boxes and provide appropriate information in Items 6 and/or 7. CHANGE anner and/or address. Give current rock dame in Item 6a or 6b. Debtor of these two boxes.		A > TT P				
BIRMINGHAM AL 35291 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY I.INITIAL FINANCING STATEMENT FILE # 2001-23131/SHELBY TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. GONTINUATION: Effectiveness of the Financing Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement. GONTINUATION: Effectiveness of the Financing Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in Item 7a or 7b and address of assignee in Item 7c; and also give name of assigner in Item 9. AMENDMENT (PARTY INFORMATION): This Amendment effects Debtor or Secured Party of record. Check only got of these two boxes. ASSIGNMENT (full or partial): Give name of assignee in Item 7a or 7b and address of assignee in Item 7c; and so give new for the following three boxes and provide appropriate information in Items 8 and/or 7. GHANDE name and/or address: Give current record name in Item 6a or 6b; also give new name (finance change) in Item 7a or 7b and address (fladoress change) in Item 7c. GLIEFT name: Give record name ADD name: Complete Item 7a or 7b, and alternative change in Item 7c. GLIEFT name: Give record name Rem 7c; also complete Item 7a or 7b, and alternative change in Item 7c. GLIEFT name: Give record name Rem 7c; also complete Item 7a or 7b, and alternative change in Item 7c. GLIEFT name: Give record name Rem 7c; also complete Item 7a or 7b, and alternative change in Item 7c. GLIEFT name: Give record name Rem 7c; also complete Item 7a or 7b, and alternative name for formation in Item 6a or 6b; alternative name for formation in Item 6a or 6b; alternative name for formation in Item 6a or 6b; alternative name for formation in Item 6a or 6b;		ANY				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL FINANCING STATEMENT FILE # 2001-23131/SHELBY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY In This FINANCING STATEMENT AMENOMEN Do this file for record] (or recorded) in the CONTINUATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Tormination Statement. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable faw. AMENDMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignee in item 8. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. AMENDMENT (PARTY INFORMATION: This Amendment affects Debtor or Secured Party authorizing this Continuation Item 9. The Amendment (PARTY INFORMATION: This Amendment affects Debtor or Secured Party authorizing this Continuation Item 9. The Amendment (Party InFormation 1 for This Financian 1 for This Amendment (Party InFormation 1 for This Amendment 1 for This Amendment 1 for This Amendment 1 for						
I.D. This FRANCING STATEMENT AMENDMEN 2001-2313I/SHELBY TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement is CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement is CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is CONTINUATION: This Amendment affects Debtor or Secured Party authorizing this Continuation Statement is ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide approvide approvide and of the following three boxes and provide approvide approvide and of the following three boxes and provide approvide and of the following three boxes and provide approvide and of the following three boxes and provide approvide and of the following three boxes and provide approvide and of the following three boxes and provide approvide and of the following three boxes and provide approvide and of the following three boxes and provide approvide and of the following three boxes and provide approvide and of the following three boxes and provide approvide and of the following three boxes and provide approvide and of the following three boxes and provide approvide and of the following three boxes and provide approvided and provided approvided approvided approvided approvided approvided approvided ap	DIKMINGHAM AL 33291					
I.D. This FRANCING STATEMENT AMENDMEN 2001-2313I/SHELBY TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement is CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement is CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is CONTINUATION: This Amendment affects Debtor or Secured Party authorizing this Continuation Statement is ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide approvide approvide and of the following three boxes and provide approvide approvide and of the following three boxes and provide approvide and of the following three boxes and provide approvide and of the following three boxes and provide approvide and of the following three boxes and provide approvide and of the following three boxes and provide approvide and of the following three boxes and provide approvide and of the following three boxes and provide approvide and of the following three boxes and provide approvide and of the following three boxes and provide approvide and of the following three boxes and provide approvide and of the following three boxes and provide approvide and of the following three boxes and provide approvided and provided approvided approvided approvided approvided approvided approvided ap						
I.D. This FRANCING STATEMENT AMENDMEN 2001-2313I/SHELBY TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement is CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement is CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is CONTINUATION: This Amendment affects Debtor or Secured Party authorizing this Continuation Statement is ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide approvide approvide and of the following three boxes and provide approvide approvide and of the following three boxes and provide approvide and of the following three boxes and provide approvide and of the following three boxes and provide approvide and of the following three boxes and provide approvide and of the following three boxes and provide approvide and of the following three boxes and provide approvide and of the following three boxes and provide approvide and of the following three boxes and provide approvide and of the following three boxes and provide approvide and of the following three boxes and provide approvide and of the following three boxes and provide approvide and of the following three boxes and provide approvided and provided approvided approvided approvided approvided approvided approvided ap						
I.D. This FRANCING STATEMENT AMENDMEN 2001-2313I/SHELBY TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement is CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement is CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is CONTINUATION: This Amendment affects Debtor or Secured Party authorizing this Continuation Statement is ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide approvide approvide and of the following three boxes and provide approvide approvide and of the following three boxes and provide approvide and of the following three boxes and provide approvide and of the following three boxes and provide approvide and of the following three boxes and provide approvide and of the following three boxes and provide approvide and of the following three boxes and provide approvide and of the following three boxes and provide approvide and of the following three boxes and provide approvide and of the following three boxes and provide approvide and of the following three boxes and provide approvide and of the following three boxes and provide approvide and of the following three boxes and provide approvided and provided approvided approvided approvided approvided approvided approvided ap						
2001-23131/SHELBY TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement is continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assigner in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law. ASSIGNMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check ong of the following three boxes and provide appropriate information in items 6 and/or 7. OHANGE name and/or address: Give current record name in item 8a or 8b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. DELETE name: Give record name: Complete item 7a or 7b, and all name (if name change) in item 7a or 7b and/or new address (if address change) in item 8a or 8b. CURRENT RECORD INFORMATION: Ba. ORGANIZATION'S NAME FIRST NAME PHILLIP J. CHANGE (NEW) OR ADDED INFORMATION: Ta. ORGANIZATION'S NAME FIRST NAME PHILLIP J. CHANGE (NEW) OR ADDED INFORMATION: Ta. ORGANIZATION'S NAME FIRST NAME DOROTHY E. MIDDLE NAME SUFFIX To. INDIVIDUAL'S LAST NAME CAIN ALABASTER AL 35007 TAXID#: SIN OR BIN ADDITIONE To Type OF ORGANIZATION ORGANIZATION TO FORGANIZATION TO FORGAN		······································	THE ABOV	والتواسي والمتالة		
TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement is continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7 aor 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor of Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give neme (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. Beauty of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give neme of assignor in items 2 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give neme of assignor in items 2 and/or 7. Beauty of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give neme of assignor in item 9. ADD name: Complete items 7a-7b, and all name (if name change) in item 7c; also complete items 7d-7g (if applice the following three boxes and provide appropriate information in items 6a or 6b. Beauty of the following three boxes and provide appropriate information in items 6a or 6b. CHANGE name and/or address: Give current record name in item 6a or 6b. Beauty of three boxes and provide appropriate information in items 6a or 6b. Beauty of three boxes and provide appropriate information in items 6a or 6b. Beauty of three boxes and						
CONTINUATION: Effectiveness of the Financing Statement Identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new interm (finance change) in item 7a or 7b and/or new; address (fi address change) in item 7a or 7b and/or new; address (fi address change) in item 7a or 7b and/or new; address (fi address change) in item 7c. CURRENT RECORD INFORMATION: 8a. ORGANIZATION'S NAME FIRST NAME PHILLIP CAIN CHANGEO (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME Ta. INDIVIDUAL'S LAST NAME CAIN DOROTHY E. MAILING ADDRESS TAL POSTAL CODE COUNTRY ALABASTER AL 35007 TAXID #: SSN OR EIN ADDLINFORE TO TYPE OF ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ALL ID #, if any DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.				 	AL ESTATE RECORDS.	
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (full or partial): Give name of assignee in item 7a or 7b and/or name taffects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 8a or 6b; also give new Interest of the deleted in item 6a or 6b. Interest or 6b. I						
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects	CONTINUATION: Effectiveness of the Finance continued for the additional period provided by	ncing Statement identified aborapplicable law.	ve with respect to security interest(s) of the Se	ecured Party auth	norizing this Continuation :	Statement is
AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME CAIN CHANGE (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME CAIN MIDDLE NAME CAIN MIDDLE NAME FIRST NAME DOROTHY E. MIDDLE NAME SUFFIX CAIN MIDDLE NAME CAIN MIDDLE NAME CAIN MIDDLE NAME SUFFIX CAIN MIDDLE NAME CAIN ALABASTER AL 35007 TAX ID #: SSN OR EIN ADD'LINFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION ORGANIZATION 7f. JURISDICTION OF ORGANIZATION ORGANIZATION 10 BT. AMENDMENT (COLLATERAL CHANGE): check only gng box.						
Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME CAIN CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME CAIN MIDDLE NAME FIRST NAME PHILLIP J. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME CAIN DOROTHY E. MIDDLE NAME SUFFIX DOROTHY E. MIDDLE NAME CAIN ALABASTER AL 35007 TAXID #: SSN OR EIN ADDL. INFO RE ORGANIZATION OB TO THE						
CHANGE name and/or address: Give current record name in item 6a or 6b; also give new ham (finame change) in item 7a or 7b and/or new address (if address change) in item 7c. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME CAIN CHANGE (NEW) OR ADDED INFORMATION: 7b. INDIVIDUAL'S LAST NAME CAIN To individual'S LAST NAME CAIN DOROTHY E. MIDLE NAME SUFFIX DOROTHY E. MIDDLE NAME SUFFIX COUNTR' 7a. ORGANIZATION'S NAME CAIN MIDDLE NAME SUFFIX CHANGE (NEW) OR ADDED INFORMATION: 7c. ORGANIZATION'S NAME CAIN MIDDLE NAME SUFFIX CHANGE (NEW) OR ADDED INFORMATION: 7c. ORGANIZATION'S NAME CAIN MIDDLE NAME SUFFIX CHANGE (NEW) OR ADDED INFORMATION: 7c. ORGANIZATION'S NAME CAIN MIDDLE NAME SUFFIX CAIN AL 35007 TAX ID #: SSN OR EIN ADD'L INFO RE 7c. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any AMENDMENT (COLLATERAL CHANGE): check only one box.				only <u>one</u> of these	two boxes.	-
Tax Individual's Last Name CAIN CHANGED (NEW) OR ADDED INFORMATION: FIRST NAME CAIN To, Individual's Last Name CAIN MIDDLE NAME FIRST NAME PHILLIP J. CHANGED (NEW) OR ADDED INFORMATION: Ta. ORGANIZATION'S NAME To, Individual's Last Name CAIN MIDDLE NAME SUFFIX J. CHANGED (NEW) OR ADDED INFORMATION: Ta. ORGANIZATION'S NAME CAIN MIDDLE NAME SUFFIX DOROTHY E. MIDDLE NAME SUFFIX To, Individual's Last NAME CAIN MIDDLE NAME SUFFIX To, Individual's Last NAME CAIN MIDDLE NAME SUFFIX To, Individual's Last NAME CAIN AL 35007 To, ORGANIZATION DR TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATION 0EBTOR 0.000 program of the control of th						
68. ORGANIZATION'S NAME R 6b. INDIVIDUAL'S LAST NAME CAIN CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME CAIN MIDDLE NAME SUFFIX 7b. INDIVIDUAL'S LAST NAME CAIN MIDDLE NAME SUFFIX TOTY MAILING ADDRESS CITY ALABASTER AL 35007 TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGA	name (if name change) in item 7a or 7b and/or ne	ew address (if address change)		ite	DD name: Complete item m 7c; also complete items	7a or 7b, and also 7d-7g (if applica
CAIN CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME CAIN MIDDLE NAME J. SUFFIX SUFFIX PHILLIP 7c. TO REAL CODE ALABASTER TAX ID #: SSN OR EIN ADD'L INFO RE 76. TYPE OF ORGANIZATION ORGANIZATION DEBTOR ORGANIZATION DEBTOR ORGANIZATION DEBTOR ORGANIZATION ORGANIZATI		······································	······································			
CAIN CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME CAIN MIDDLE NAME B. MIDDLE NAME CAIN DOROTHY E. MAILING ADDRESS CITY STATE POSTAL CODE COUNTR 13 WINTERHAVEN DR TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR 7e. TYPE OF ORGANIZATION	Oa. ONGANIZATION S NAME:					
CAIN CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME CAIN MIDDLE NAME B. MIDDLE NAME CAIN DOROTHY E. MAILING ADDRESS CITY STATE POSTAL CODE COUNTR 13 WINTERHAVEN DR TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR 7e. TYPE OF ORGANIZATION						
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME CAIN MIDDLE NAME SUFFIX DOROTHY E. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 13 WINTERHAVEN DR TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGAN	R 66 INDIVIDUAL'S LAST NAME	· · · · · · · · · · · · · · · · · · ·	FIDOT MANG	I WARDI E	**************************************	
Ta. ORGANIZATION'S NAME Tb. INDIVIDUAL'S LAST NAME CAIN MIDDLE NAME SUFFIX DOROTHY E. MAILING ADDRESS CITY STATE POSTAL CODE COUNTR' ALABASTER AL 35007 TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION OF ORGANIZATION OF ORGANIZATION OF ORGANIZATION OF ORGANIZATION ORGANIZATION OF ORGANIZAT				MIDDLE	NAME	SUFFIX
The individual's last name CAIN MIDDLE NAME SUFFIX DOROTHY E. MILING ADDRESS CITY ALABASTER TAX ID #: SSN OR EIN ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	CAIN			T	NAME	SUFFIX
TAX ID #: SSN OR EIN ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. FIRST NAME DOROTHY FIRST NAME DOROTHY E. MIDDLE NAME E. SUFFIX ALABASTER ALABASTER AL 35007 7f. JURISDICTION OF ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	CAIN CHANGED (NEW) OR ADDED INFORMATION:			T	NAME	SUFFIX
CAIN MAILING ADDRESS 13 WINTERHAVEN DR TAX ID #: SSN OR EIN ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. DOROTHY E. CITY ALABASTER AL 35007 7f. JURISDICTION OF ORGANIZATION ORGANIZATION OF ORGANIZATION	CAIN CHANGED (NEW) OR ADDED INFORMATION:			T	NAME	SUFFIX
MAILING ADDRESS 13 WINTERHAVEN DR TAX ID #: SSN OR EIN ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	CAIN CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME		PHILLIP	J.		
13 WINTERHAVEN DR TAX ID #: SSN OR EIN ORGANIZATION DEBTOR ALABASTER AL 35007 7f. JURISDICTION OF ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATIONAL ID #, if any ORGANIZATION ORGAN	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME		PHILLIP FIRST NAME	J.		
TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATION DEBTOR	CAIN CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME CAIN		PHILLIP FIRST NAME DOROTHY	J. MIDDLE E.	NAME	SUFFIX
ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	CAIN CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME CAIN MAILING ADDRESS		PHILLIP FIRST NAME DOROTHY CITY	J. MIDDLE E. STATE	NAME POSTAL CODE	
AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box.	CAIN CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME CAIN MAILING ADDRESS 13 WINTERHAVEN DR	YPE OF ORGANIZATION	PHILLIP FIRST NAME DOROTHY CITY ALABASTER	J. MIDDLE E. STATE AL	NAME POSTAL CODE 35007	SUFFIX
· · · · · · · · · · · · · · · · · · ·	CAIN CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME CAIN MAILING ADDRESS 13 WINTERHAVEN DR TAX ID #: SSN OR EIN ADD'L INFO RE 7e. T ORGANIZATION	YPE OF ORGANIZATION	PHILLIP FIRST NAME DOROTHY CITY ALABASTER	J. MIDDLE E. STATE AL	NAME POSTAL CODE 35007	SUFFIX
Describe collateraldeleted_oradded, or give entirerestated collateral description, or describe collateralassigned.	CAIN CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME CAIN MAILING ADDRESS 13 WINTERHAVEN DR TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TORGANIZATION DEBTOR		PHILLIP FIRST NAME DOROTHY CITY ALABASTER	J. MIDDLE E. STATE AL	NAME POSTAL CODE 35007	SUFFIX
	CAIN CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME CAIN MAILING ADDRESS 13 WINTERHAVEN DR TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): che	eck only <u>one</u> box.	PHILLIP FIRST NAME DOROTHY CITY ALABASTER 7f. JURISDICTION OF ORGANIZATION	J. MIDDLE E. STATE AL 79. ORG	NAME POSTAL CODE 35007	SUFFIX
	CAIN CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME CAIN MAILING ADDRESS 13 WINTERHAVEN DR TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): che	eck only <u>one</u> box.	PHILLIP FIRST NAME DOROTHY CITY ALABASTER 7f. JURISDICTION OF ORGANIZATION	J. MIDDLE E. STATE AL 79. ORG	NAME POSTAL CODE 35007	SUFFIX
	CAIN CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME CAIN MAILING ADDRESS 13 WINTERHAVEN DR TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): che	eck only <u>one</u> box.	PHILLIP FIRST NAME DOROTHY CITY ALABASTER 7f. JURISDICTION OF ORGANIZATION	J. MIDDLE E. STATE AL 79. ORG	NAME POSTAL CODE 35007	SUFFIX
	CAIN CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME CAIN MAILING ADDRESS 13 WINTERHAVEN DR TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): che	eck only <u>one</u> box.	PHILLIP FIRST NAME DOROTHY CITY ALABASTER 7f. JURISDICTION OF ORGANIZATION	J. MIDDLE E. STATE AL 79. ORG	NAME POSTAL CODE 35007	SUFFIX
	CAIN CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME CAIN MAILING ADDRESS 13 WINTERHAVEN DR TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): che	eck only <u>one</u> box.	PHILLIP FIRST NAME DOROTHY CITY ALABASTER 7f. JURISDICTION OF ORGANIZATION	J. MIDDLE E. STATE AL 79. ORG	NAME POSTAL CODE 35007	SUFFIX
	CAIN CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME CAIN MAILING ADDRESS 13 WINTERHAVEN DR TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): che	eck only <u>one</u> box.	PHILLIP FIRST NAME DOROTHY CITY ALABASTER 7f. JURISDICTION OF ORGANIZATION	J. MIDDLE E. STATE AL 79. ORG	NAME POSTAL CODE 35007	SUFFIX
	CAIN CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME CAIN MAILING ADDRESS 13 WINTERHAVEN DR TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): che	eck only <u>one</u> box.	PHILLIP FIRST NAME DOROTHY CITY ALABASTER 7f. JURISDICTION OF ORGANIZATION	J. MIDDLE E. STATE AL 79. ORG	NAME POSTAL CODE 35007	SUFFIX
	CAIN CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME CAIN MAILING ADDRESS 13 WINTERHAVEN DR TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): che	eck only <u>one</u> box.	PHILLIP FIRST NAME DOROTHY CITY ALABASTER 7f. JURISDICTION OF ORGANIZATION	J. MIDDLE E. STATE AL 79. ORG	NAME POSTAL CODE 35007	SUFFIX
	CAIN CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME CAIN MAILING ADDRESS 13 WINTERHAVEN DR TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): che	eck only <u>one</u> box.	PHILLIP FIRST NAME DOROTHY CITY ALABASTER 7f. JURISDICTION OF ORGANIZATION	J. MIDDLE E. STATE AL 79. ORG	NAME POSTAL CODE 35007	SUFFIX
	CAIN CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME CAIN MAILING ADDRESS 13 WINTERHAVEN DR TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): che	eck only <u>one</u> box.	PHILLIP FIRST NAME DOROTHY CITY ALABASTER 7f. JURISDICTION OF ORGANIZATION	J. MIDDLE E. STATE AL 79. ORG	NAME POSTAL CODE 35007	SUFFIX
	CAIN CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME CAIN MAILING ADDRESS 13 WINTERHAVEN DR TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): che	eck only <u>one</u> box.	PHILLIP FIRST NAME DOROTHY CITY ALABASTER 7f. JURISDICTION OF ORGANIZATION	J. MIDDLE E. STATE AL 79. ORG	NAME POSTAL CODE 35007	SUFFIX
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment outborised by a Daybour	CAIN CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME R 7b. INDIVIDUAL'S LAST NAME CAIN MAILING ADDRESS 13 WINTERHAVEN DR TAX ID #: SSN OR EIN ADD'L INFO RE 7e. T ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): che Describe collateral deleted or added, or gi	eck only <u>one</u> box. ive entire restated collatera	FIRST NAME DOROTHY CITY ALABASTER 7f. JURISDICTION OF ORGANIZATION Il description, or describe collateral assig	MIDDLE E. STATE AL 7g. ORG	POSTAL CODE 35007 ANIZATIONAL ID #, if any	COUNTRY
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor whi adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here 7 and enter name of DEBTOR authorizing this Amendment.	CAIN CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME CAIN MAILING ADDRESS 13 WINTERHAVEN DR TAX ID #: SSN OR EIN ADD'L INFO RE 7e. T ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): che Describe collateral deleted or added, or gi	eck only one box. ive entire restated collatera	PHILLIP FIRST NAME DOROTHY CITY ALABASTER 7f. JURISDICTION OF ORGANIZATION Il description, or describe collateral assignment and assignme	MIDDLE E. STATE AL 7g. ORG	POSTAL CODE 35007 ANIZATIONAL ID #, if any	COUNTRY
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor who adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.	CAIN CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME CAIN MAILING ADDRESS 13 WINTERHAVEN DR TAX ID #: SSN OR EIN ADD'L INFO RE 7e. T ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): che Describe collateral deleted or added, or gi	eck only one box. ive entire restated collatera	PHILLIP FIRST NAME DOROTHY CITY ALABASTER 7f. JURISDICTION OF ORGANIZATION Il description, or describe collateral assignment and assignme	MIDDLE E. STATE AL 7g. ORG	POSTAL CODE 35007 ANIZATIONAL ID #, if any	COUNTRY
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME ALABAMA POWER COMPANY	CAIN CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME R 7b. INDIVIDUAL'S LAST NAME CAIN MAILING ADDRESS 13 WINTERHAVEN DR TAX ID #: SSN OR EIN ADD'L INFO RE 7e. T ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): che Describe collateral deleted or added, or gi adds collateral or adds the authorizing Debtor, or if this pa. ORGANIZATION'S NAME ALABAMA POWER COMPANY	eck only one box. ive entire restated collatera AUTHORIZING THIS AME is is a Termination authorized by	PHILLIP FIRST NAME DOROTHY CITY ALABASTER 7f. JURISDICTION OF ORGANIZATION Il description, or describe collateral assignment and assignme	MIDDLE E. STATE AL 7g. ORG	POSTAL CODE 35007 ANIZATIONAL ID #, if any	COUNTRY
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME ALABAMA POWER COMPANY	CAIN CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME R 7b. INDIVIDUAL'S LAST NAME CAIN MAILING ADDRESS 13 WINTERHAVEN DR TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): che Describe collateral deleted or added, or git added, or git deleted added added added adds collateral deleted added adds collateral adds collateral adds collateral collateral adds collateral adds collateral collateral adds collateral collater	eck only one box. ive entire restated collatera AUTHORIZING THIS AME is is a Termination authorized by	FIRST NAME DOROTHY CITY ALABASTER 7f. JURISDICTION OF ORGANIZATION Ald description, or describe collateral assignment assignment assignment and enter name of an and enter name of an and enter name of an and enter name of	MIDDLE E. STATE AL 7g. ORG	POSTAL CODE 35007 ANIZATIONAL ID #, if any an Amendment authorized rizing this Amendment.	SUFFIX COUNTRY