CC FINANCING STATEMENT AMENDMENT OLLOW INSTRUCTIONS (front and back) CAREFULLY			2005 Shell	20050112000020120 Pg 1/1 .00 20050112000020120 Pg 1/1 .00 Shelby Cnty Judge of Probate, AL Shelby Cnty Judge of FILED/CERTIFIED 01/12/2005 14:09:00 FILED/CERTIFIED		
. NAME & PHONE	OF CONTACT AT FILER [or	otional]				
. SEND ACKNOW	EDGMENT TO: (Name and	Address)				
Attn: Ro P O Box	Power Company od Nowlin 129 , AL 36202					
			THE ABOVE S	SPACE IS	FOR FILING OFFICE USE	ONLY
. INITIAL FINANCING	STATEMENT FILE # 200309	918000627540 dated	09/18/03	r t	This FINANCING STATEMENT o be filed [for record] (or recor	
X TERMINATIO			erminated with respect to security interest(s) of t		REAL ESTATE RECORDS. Party authorizing this Terminati	on Statement.
CONTINUATI	ON: Effectiveness of the Finance	cing Statement identified above	with respect to security interest(s) of the Secu			
	additional period provided by a		dress of assignee in item 7c; and also give name	of assignor	in item 0	
	النباي كالترابي كنابس والنبي والمساب بيساني والسنب والمسابر والمسابر والمسابر والمسابر والمسابر والمسابر	سبب المسير ويهون والتناسب النوات المسير المسير المسير والمسير والمسير	or or Secured Party of record. Check only		وي الناز وي الزوي الأوليون الويني المناز والمناز والمناز والمناز والمناز والمناز والمناز والمناز وي	<u>. </u>
	e following three boxes and provi			, ————		
CHANGE name of name of	and/or address: Give current reconange) in item 7a or 7b and/or ne	ord name in item 6a or 6b; also (w address (if address change) it	DELETE name: Give record no item 7c. to be deleted in item 6a or 6b.	ame	ADD name: Complete item 7a item 7c; also complete items 7	or 7b, and also d-7g (if applicab
CURRENT RECO	RD INFORMATION: DN'S NAME	<u></u>			· <u>·</u> ··································	****,,,
6b. INDIVIDUAL'S	LAST NAME		FIRST NAME	MIDDI	E NAME	SUFFIX
	OR ADDED INFORMATION:	· <u>····································</u>				······································
. CHANGED (NEW)	JN'S NAME					
7a. ORGANIZATIO	JN'S NAME					
7a. ORGANIZATION To. INDIVIDUAL'S		<u> </u>	FIRST NAME	MIDD	LE NAME	SUFFIX
7a. ORGANIZATION To. INDIVIDUAL'S Wells	LAST NAME		Melvin	J		SUFFIX
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7a. ORGANIZATION TO INDIVIDUAL'S Wells C. MAILING ADDRESS 1617 Highward TAX ID #: SSN O	LAST NAME S y 57 R EIN ADD'L INFO RE 7e. T ORGANIZATION DEBTOR COLLATERAL CHANGE): che	eck only <u>one</u> box.	Melvin CITY Vincent 7f. JURISDICTION OF ORGANIZATION	J STAT AL 7g. O	E POSTAL CODE 35178	COUNTRY
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