A. NAME & PHONE OF C. I. RUFFIN/205.226 B. SEND ACKNOWLEDG ALABAMA 600 18TH ST	STATEMENT AMENDMEN (front and back) CAREFULLY ONTACT AT FILER [optional] .1902 MENT TO: (Name and Address) POWER COMPANY REET NORTH AM, AL 35291	JT	20070326000134300 1/1 Shelby Cnty Judge of 03/26/2007 11:11:58AM	י שט.עט
			DOVE ODACE IO FOR EN MIO OFFICE IN	
a. INITIAL FINANCING STAT		IMEA	1b. This FINANCING STATEME	NT AMENDMENT
200304170002349			to be filed [for record] (or record) REAL ESTATE RECORDS.	
	ectiveness of the Financing Statement identified above i			
	Effectiveness of the Financing Statement identified about the provided by applicable law.	ove with respect to security interest(s) of	the 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 o	nive name of assignor in item 9	
	INFORMATION): This Amendment affects De			
	ving three boxes <u>and</u> provide appropriate information in		neck only <u>one</u> of these two boxes.	
	address: Give current record name in item 6a or 6b; als in item 7a or 7b and/or new address (if address change		record name	7a or 7b, and also
CURRENT RECORD INF		e) in item 7c. to be deleted in item	6a or 6b. item 7c; also complete item	is /d-/g (if applicat
6a. ORGANIZATION'S N	***************************************			······································
6b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
HOLSOMBACK		TOMIE	LEE	
1				
CHANGED (NEW) OR AI	DDED INFORMATION:			
CHANGED (NEW) OR AL				
7a. ORGANIZATION'S N	AME			
7a. ORGANIZATION'S N R 7b. INDIVIDUAL'S LAST	AME NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7	AME NAME	FIRST NAME CAROLYN	MIDDLE NAME	SUFFIX
7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST HOLSOMBACK MAILING ADDRESS	NAME	CAROLYN	STATE POSTAL CODE	
7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST HOLSOMBACK	NAME	CAROLYN		SUFFIX
7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST HOLSOMBACK MAILING ADDRESS	NAME	CAROLYN	STATE POSTAL CODE AL 35115	COUNTRY
7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST HOLSOMBACK MAILING ADDRESS	NAME E ADD'L INFO RE 7e. TYPE OF ORGANIZATION	CAROLYN CITY MONTEVALLO	STATE POSTAL CODE AL 35115	COUNTRY
7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST HOLSOMBACK MAILING ADDRESS 1 EDDINGS LANI AMENDMENT (COLLA	NAME E ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box.	CAROLYN CITY MONTEVALLO 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35115 ON 7g. ORGANIZATIONAL ID #, if an	COUNTRY
7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST HOLSOMBACK MAILING ADDRESS 1 EDDINGS LANI AMENDMENT (COLLA	NAME E ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	CAROLYN CITY MONTEVALLO 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35115 ON 7g. ORGANIZATIONAL ID #, if an	COUNTRY
7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST HOLSOMBACK MAILING ADDRESS 1 EDDINGS LANI AMENDMENT (COLLA	NAME E ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box.	CAROLYN CITY MONTEVALLO 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35115 ON 7g. ORGANIZATIONAL ID #, if an	COUNTRY
7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST HOLSOMBACK MAILING ADDRESS 1 EDDINGS LANI AMENDMENT (COLLA	NAME E ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box.	CAROLYN CITY MONTEVALLO 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35115 ON 7g. ORGANIZATIONAL ID #, if an	COUNTRY
7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST HOLSOMBACK MAILING ADDRESS 1 EDDINGS LANI AMENDMENT (COLLA	NAME E ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box.	CAROLYN CITY MONTEVALLO 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35115 ON 7g. ORGANIZATIONAL ID #, if an	COUNTRY
7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST HOLSOMBACK MAILING ADDRESS 1 EDDINGS LANI AMENDMENT (COLLA	NAME E ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box.	CAROLYN CITY MONTEVALLO 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35115 ON 7g. ORGANIZATIONAL ID #, if an	COUNTRY
7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST HOLSOMBACK MAILING ADDRESS 1 EDDINGS LANI AMENDMENT (COLLA	NAME E ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box.	CAROLYN CITY MONTEVALLO 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35115 ON 7g. ORGANIZATIONAL ID #, if an	COUNTRY
7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST HOLSOMBACK MAILING ADDRESS 1 EDDINGS LANI AMENDMENT (COLLA	NAME E ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box.	CAROLYN CITY MONTEVALLO 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35115 ON 7g. ORGANIZATIONAL ID #, if an	COUNTRY
7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST HOLSOMBACK MAILING ADDRESS 1 EDDINGS LANI AMENDMENT (COLLA	NAME E ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box.	CAROLYN CITY MONTEVALLO 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35115 ON 7g. ORGANIZATIONAL ID #, if an	COUNTRY
7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST HOLSOMBACK MAILING ADDRESS 1 EDDINGS LANI AMENDMENT (COLLA	NAME E ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box.	CAROLYN CITY MONTEVALLO 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35115 ON 7g. ORGANIZATIONAL ID #, if an	COUNTRY
7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST HOLSOMBACK MAILING ADDRESS 1 EDDINGS LANI AMENDMENT (COLLA	NAME E ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box.	CAROLYN CITY MONTEVALLO 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35115 ON 7g. ORGANIZATIONAL ID #, if an	COUNTRY
7a. ORGANIZATION'S N R 7b. INDIVIDUAL'S LAST HOLSOMBACK MAILING ADDRESS 1 EDDINGS LANI AMENDMENT (COLLA	NAME E ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box.	CAROLYN CITY MONTEVALLO 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35115 ON 7g. ORGANIZATIONAL ID #, if an	COUNTRY
7a. ORGANIZATION'S N R 7b. INDIVIDUAL'S LAST HOLSOMBACK MAILING ADDRESS 1 EDDINGS LAN AMENDMENT (COLLA Describe collateral dele	NAME ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box. eted or added, or give entire restated collater.	CAROLYN CITY MONTEVALLO 7f. JURISDICTION OF ORGANIZATION ral description, or describe collateral ENDMENT (name of assignor, if this is a	STATE POSTAL CODE AL 35115 ON 7g. ORGANIZATIONAL ID #, if an assigned.	COUNTRY
7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST HOLSOMBACK MAILING ADDRESS 1 EDDINGS LANI AMENDMENT (COLLA Describe collateral dele NAME OF SECURED adds collateral or adds the a	NAME E ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box. eted or added, or give entire restated collater restated collater presented or restated collater at the collater presented in the collater present	CAROLYN CITY MONTEVALLO 7f. JURISDICTION OF ORGANIZATION ral description, or describe collateral ENDMENT (name of assignor, if this is a	STATE POSTAL CODE AL 35115 ON 7g. ORGANIZATIONAL ID #, if an assigned.	COUNTRY
7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST HOLSOMBACK MAILING ADDRESS 1 EDDINGS LAN AMENDMENT (COLLA Describe collateral dele NAME OF SECURED adds collateral or adds the a 9a. ORGANIZATION'S Name	NAME E ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box. eted or added, or give entire restated collater restated collater. PARTY OF RECORD AUTHORIZING THIS AM authorizing Debtor, or if this is a Termination authorized AME	CAROLYN CITY MONTEVALLO 7f. JURISDICTION OF ORGANIZATION ral description, or describe collateral ENDMENT (name of assignor, if this is a	STATE POSTAL CODE AL 35115 ON 7g. ORGANIZATIONAL ID #, if an assigned.	COUNTRY
7a. ORGANIZATION'S N R 7b. INDIVIDUAL'S LAST HOLSOMBACK MAILING ADDRESS I EDDINGS LAN AMENDMENT (COLLA Describe collateral dele MAME OF SECURED adds collateral or adds the a 9a. ORGANIZATION'S NA ALABAMA POVE	NAME E ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box. eted or added, or give entire restated collater restated collater restated collater addressed or added, or give entire restated collater restated or restated collater restated or restated collater restated restated collater restated rest	CAROLYN CITY MONTEVALLO 7f. JURISDICTION OF ORGANIZATION ral description, or describe collateral ENDMENT (name of assignor, if this is a by a Debtor, check here and enter name of and enter name of a signor).	STATE POSTAL CODE AL 35115 ON 7g. ORGANIZATIONAL ID #, if an assignment assignment assignment an Assignment authorize ame of DEBTOR authorizing this Amendment authorize authorize	ed by a Debtor which
7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST HOLSOMBACK MAILING ADDRESS 1 EDDINGS LAN AMENDMENT (COLLA Describe collateral dele Adds collateral or adds the a 9a. ORGANIZATION'S N ALABAMA POV	NAME E ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box. eted or added, or give entire restated collater restated collater restated collater addressed or added, or give entire restated collater restated or restated collater restated or restated collater restated restated collater restated rest	CAROLYN CITY MONTEVALLO 7f. JURISDICTION OF ORGANIZATION ral description, or describe collateral ENDMENT (name of assignor, if this is a	STATE POSTAL CODE AL 35115 ON 7g. ORGANIZATIONAL ID #, if an assigned.	COUNTRY