A. NAME & PHONE OF CONTACT AT FILER [optional] J. RUFFIN/205.226.1902 B. SEND ACKNOWLEDGMENT TO: (Name and Address) ALABAMA POWER COMPANY			20070925000449480 1/1 \$.00 Shelby Cnty Judge of Probate, AL 09/25/2007 11:36:47AM FILED/CERT		
600 NORTH 18TH STREET BIRMINGHAM, AL 35291	**		09/25/2·		
		THE ABOVE	SPACE IS F	OR FILING OFFICE USE	ONLY
1a. INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the			
20060612000276610/SHELBY 2. J TERMINATION: Effectiveness of the Financing	erminated with respect to security interest(s) of	REAL ESTATE RECORDS. ecurity interest(s) of the Secured Party authorizing this Termination Statement.			
3. CONTINUATION: Effectiveness of the Finance	icing Statement identified above				
continued for the additional period provided by a ASSIGNMENT (full or partial): Give name of a		dress of assignee in item 7c; and also give nam	e of assignor i	n item 9.	
5. AMENDMENT (PARTY INFORMATION): This					
Also check <u>one</u> of the following three boxes <u>and</u> provide the CHANGE name and/or address: Give current received			name 🗀 A	DD name: Complete item 7a	or 7b, and also
CHANGE name and/or address: Give current reconname (if name change) in item 7a or 7b and/or network. CURRENT RECORD INFORMATION:	ew address (if address change) in	to be deleted in item 6a or 6b	it	em 7c; also complete items 7	d-7g (if applicable
6a. ORGANIZATION'S NAME				· · · · · · · · · · · · · · · · · · ·	
R 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	MIDDLE NAME SUFFIX		
KEETON		MICHAEL			
. CHANGED (NEW) OR ADDED INFORMATION:			·		· <u>.</u>
7b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLI	NAME	SUFFIX
		CITY	STATE	POSTAL CODE	COUNTRY
: MAILING ADDRESS			l	35007	
		ALABASTER	AL		
519 APPLEGATE LN	TYPE OF ORGANIZATION	ALABASTER 7f. JURISDICTION OF ORGANIZATION		GANIZATIONAL ID #, if any	
519 APPLEGATE LN ADD'L INFO RE 7e. T ORGANIZATION DEBTOR				GANIZATIONAL ID #, if any	NO
STANDIL STAND APPLEGATE LN ADD'L INFO RE 7e. TORGANIZATION DEBTOR	neck only <u>one</u> box.	7f. JURISDICTION OF ORGANIZATION	7g. OR	GANIZATIONAL ID #, if any	NO
519 APPLEGATE LN ADD'L INFO RE 7e. T ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): che	neck only <u>one</u> box.	7f. JURISDICTION OF ORGANIZATION	7g. OR	GANIZATIONAL ID #, if any	NO
519 APPLEGATE LN ADD'L INFO RE 7e. T ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): che	neck only <u>one</u> box.	7f. JURISDICTION OF ORGANIZATION	7g. OR	GANIZATIONAL ID #, if any	NO
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STORY OF THE TOTAL ADD'L INFO RE TOTAL ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): che	neck only <u>one</u> box.	7f. JURISDICTION OF ORGANIZATION	7g. OR	GANIZATIONAL ID #, if any	NO
ADD'L INFO RE 7e. TORGANIZATION DEBTOR COLLATERAL CHANGE): che	neck only <u>one</u> box.	7f. JURISDICTION OF ORGANIZATION	7g. OR	GANIZATIONAL ID #, if any	NO
519 APPLEGATE LN ADD'L INFO RE 7e. T ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): che	neck only <u>one</u> box.	7f. JURISDICTION OF ORGANIZATION	7g. OR	GANIZATIONAL ID #, if any	NO
ADD'L INFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): che Describe collateral deleted or added, or gi	neck only <u>one</u> box. give entire restated collateral	7f. JURISDICTION OF ORGANIZATION description, or describe collateral assign	ed.		
ADD'L INFO RE 7e. TORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): che Describe collateral deleted or added, or gi	neck only one box. give entire restated collateral	7f. JURISDICTION OF ORGANIZATION description, or describe collateral assign assign NDMENT (name of assignor, if this is an Assign	nment). If this	is an Amendment authorized t	
ADD'L INFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): che Describe collateral deleted or added, or gi	neck only one box. give entire restated collateral	7f. JURISDICTION OF ORGANIZATION description, or describe collateral assign assign NDMENT (name of assignor, if this is an Assign	nment). If this	is an Amendment authorized t	
ADD'LINFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): che Describe collateral deleted or added, or gi	neck only one box. give entire restated collateral AUTHORIZING THIS AME! his is a Termination authorized by	7f. JURISDICTION OF ORGANIZATION description, or describe collateral assign assign NDMENT (name of assignor, if this is an Assign	nment). If this	is an Amendment authorized t	oy a Debtor which