. NAME & P		(front and back) CAREFULLY ONTACT AT FILER [optional] 1902				
AL. 600	ABAMA F NORTH	POWER COMPANY 18TH STREET 1M, AL 35291		Shelby Cr 06/27/200	ty Judge of Probates 00 to 100	CE, HL D/CERT
			THE ABOVE	SPACE IS FO	OR FILING OFFICE USE	ONLY
. INITIAL FINA	ANCING STATE	EMENT FILE # 20070222000082370/SHI	ELBY	l to	is FINANCING STATEMENT be filed [for record] (or record	
		ctiveness of the Financing Statement identified above		f the Secured Pa		
CONTIN	NUATION: Ef	fectiveness of the Financing Statement identified ab nal period provided by applicable law.	ove with respect to security interest(s) of the Se	cured Party auth	norizing this Continuation Sta	tement is
ASSIGN	IMENT (full or	partial): Give name of assignee in item 7a or 7b and	address of assignee in item 7c; and also give no	me of assignor in	item 9	
name (if n	rame change) in RECORD INFO		DELETE name: Give record to be deleted in item 6a or 6		DD name: Complete item 7a em 7c; also complete items 7e	d-7g (if applic
	N:4110 : 40T >					
66. INDIVID ROBBI CHANGED (		DED INFORMATION:	FIRST NAME BONNIE	MIDDLE		SUFFIX
6b. INDIVID ROBBI CHANGED ( 7a. ORGAN  7b. INDIVID JOHNS MAILING AD	NS (NEW) OR ADI (IZATION'S NA  DUAL'S LAST N  DRESS	DED INFORMATION: ME IAME	FIRST NAME ROSS CITY	JEAN  MIDDLE  D.  STATE	NAME POSTAL CODE	SUFFIX
6b. INDIVID ROBBI  CHANGED ( 7a. ORGAN  JOHNSO  MAILING AD  535 CON	NS (NEW) OR ADITION'S NA DUAL'S LAST N ON DRESS (ANCHE) SSN OR EIN	DED INFORMATION:  ME  AME  ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION	BONNIE  FIRST NAME  ROSS	JEAN  MIDDLE  D.  STATE  AL	NAME	
6b. INDIVID ROBBI CHANGED ( 7a. ORGAN  7b. INDIVID JOHNS MAILING AD  535 CON TAX ID #: S  AMENDME	NS (NEW) OR ADDIZATION'S NA ON DRESS (ANCHE) SSN OR EIN	DED INFORMATION:  ME  AME  ADD'L INFO RE 7e. TYPE OF ORGANIZATION	FIRST NAME ROSS CITY MONTEVALLO 7f. JURISDICTION OF ORGANIZATION	JEAN  MIDDLE  D.  STATE  AL  7g. ORG	NAME POSTAL CODE 35115	SUFFIX
6b. INDIVID ROBBI CHANGED ( 7a. ORGAN  7b. INDIVID JOHNS MAILING AD  535 COM TAX ID #: S  AMENDME Describe colla  IAME OF SI dds collateral	NS (NEW) OR ADI IZATION'S NA DUAL'S LAST N ON DRESS (ANCHE) SSN OR EIN NT (COLLAT Iteral delet	DED INFORMATION:  ME  AME  ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR    ERAL CHANGE): check only one box.  ed or added, or give entire restated collated restated collated or added.	FIRST NAME ROSS CITY MONTEVALLO 7f. JURISDICTION OF ORGANIZATION  ral description, or describe collateral assign	MIDDLE D. STATE AL 7g. ORG	POSTAL CODE 35115 ANIZATIONAL ID #, if any	COUNTR
6b. INDIVID ROBBI CHANGED ( 7a. ORGAN 7b. INDIVID JOHNS MAILING AD 535 COM TAX ID #: S AMENDME Describe colla 9a. ORGANI	NS (NEW) OR ADI (IZATION'S NA DUAL'S LAST N ON DRESS (ANCHE) SSN OR EIN  NT (COLLAT Iteral delet	DED INFORMATION:  ME  AME  ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR    ERAL CHANGE): check only one box.  ed or added, or give entire restated collated restated collated or added.	FIRST NAME ROSS CITY MONTEVALLO 7f. JURISDICTION OF ORGANIZATION  ral description, or describe collateral assign	MIDDLE D. STATE AL 7g. ORG	POSTAL CODE 35115 ANIZATIONAL ID #, if any	COUNTRY