OLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] J. RUFFIN/205.226.1902 B. SEND ACKNOWLEDGMENT TO: (Name and Address) ALABAMA POWER COMPANY 600 NORTH 18TH STREET BIRMINGHAM, AL 35291		2008 Shell 07/1	0711000280650 1/1 \$ by Cnty Judge of Pr 1/2008 12:48:35PM F	obate, AL ILED/CERT
		THE ABOVE SPACE	IS FOR FILING OFFICE US	
a. INITIAL FINANCING STATEMENT FILE # 200406040002995	540/SHELBY	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the		
TERMINATION: Effectiveness of the Financing Statement ident	ified above is terminated with respect to	security interest(s) of the Secur	REAL ESTATE RECORDS. ed Party authorizing this Termin	ation Statement.
CONTINUATION: Effectiveness of the Financing Statement in				
continued for the additional period provided by applicable law.				
ANENDMENT (full or partial): Give name of assignee in item 7				
. AMENDMENT (PARTY INFORMATION): This Amendment affection of the following three boxes and provide appropriate informations and provide appropriate informations and provide appropriate informations.		of record. Check only one of	these two boxes.	
CHANGE name and/or address: Give current record name in item name (if name change) in item 7a or 7b and/or new address (if add		E name: Give record name	ADD name: Complete item	7a or 7b, and also
CURRENT RECORD INFORMATION:	ress change) in item 7c. Lato be de	eleted in item 6a or 6b.	item 7c; also complete item	s /d-/g (if applicat
6a. ORGANIZATION'S NAME		······································	······································	······································
R Ch. INDIVIDUALIS & ACT NAME		······································		
66. INDIVIDUAL'S LAST NAME BURSON	FIRST NAME		ODLE NAME	SUFFIX
DURSON	JOHN	P.	AUL	
. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME		······································	······································	
Ta. ONORNIZATION O NAME				
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MII	DDLE NAME	SUFFIX
BURSON	EMILY	В	•	
. MAILING ADDRESS	CITY	ST	ATE POSTAL CODE	COUNTRY
509 BUCKCREEK LN	ALABASTER	A	L 35007	
I, TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANI	ZATION 7f. JURISDICTION OF O	RGANIZATION 7g.	ORGANIZATIONAL ID #, if an	у
ORGANIZATION				NC
DEBTOR				
AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire resta	ated collateral description, or describe		this is an Amendment authorize	id by a Dahtar which
AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire resta	ated collateral description, or describe THIS AMENDMENT (name of assig	nor, if this is an Assignment). If		ed by a Debtor whic
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