JC I.	CC FINANCING STATEMENT AMENDA LOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional] RUFFIN/205.226.1902 SEND ACKNOWLEDGMENT TO: (Name and Address)	VENT	20080828000344700 1/1 Shelby Cnty Judge of F 08/28/2008 11:04:49AM	\$.00 Probate,AL
	ALABAMA POWER COMPANY 600 NORTH 18TH STREET BIRMINGHAM, AL 35291			
		THEA	BOVE SPACE IS FOR FILING OFFICE U	ISE ONLY
. İ	INITIAL FINANCING STATEMENT FILE # 20030204000068100	SHELBY	1b. This FINANCING STATEMITED to be filed [for record] (or re	•
6	TERMINATION: Effectiveness of the Financing Statement identified		REAL ESTATE RECORDS	•
	CONTINUATION: Effectiveness of the Financing Statement identi- continued for the additional period provided by applicable law.			
ſ	ASSIGNMENT (full or partial): Give name of assignee in item 7a or	7b and address of assignee in item 7c; and also	give name of assignor in item 9.	
1	AMENDMENT (PARTY INFORMATION): This Amendment affects		heck only <u>one</u> of these two boxes.	
	Also check one of the following three boxes and provide appropriate inform	ation in items 6 and/or 7.		
	CHANGE name and/or address: Give current record name in item 6a o name (if name change) in item 7a or 7b and/or new address (if address	or 6b; also give new DELETE name: Give change) in item 7c. to be deleted in item		n 7a or 7b, and als ns 7d-7g (if applica
	CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME			<del></del>
	Journal Control of the Control of th			
}	DD. INDIVIDUAL'S EAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	JONES	JAMES	H.	JR.
	CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME			
		FIRST NAME	MIDDLE NAME	SUFFIX
•	7h INDIVIDUAL'S LAST NAME	[		SUFFIX
	7b. INDIVIDUAL'S LAST NAME		LYNN	
	7b. INDIVIDUAL'S LAST NAME  JONES  MAILING ADDRESS	JENNIFER	LYNN STATE POSTAL CODE	COUNTR
ħ	JONES	JENNIFER		COUNTR
1 2	JONES  MAILING ADDRESS  203 FOREST PKWY  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZAT ORGANIZATION	JENNIFER  CITY  MONTEVALLO	STATE POSTAL CODE  AL 35115	ny
2	JONES  MAILING ADDRESS  203 FOREST PKWY  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZAT ORGANIZATION DEBTOR   DEBTOR	JENNIFER  CITY  MONTEVALLO	STATE POSTAL CODE AL 35115	ny
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