UCC FINANCING STATEMENT AMENDMENT			She	20080828000344870 1/1 \$.00 Shelby Cnty Judge of Probate,AL 08/28/2008 11:05:06AM FILED/CERT			
		NI	₩ <b>8</b> 7	28/20	08 11:05:06AM FIL	ED/CERT	
	LOW INSTRUCTIONS (front and back) CAREFULLY  IAME & PHONE OF CONTACT AT FILER [optional]	····					
	RUFFIN/205.226.1902						
3. S	END ACKNOWLEDGMENT TO: (Name and Address)						
		-					
	ALABAMA POWER COMPANY		<b>t</b>				
	600 NORTH 18TH STREET						
	BIRMINGHAM, AL 35291						
	_						
		_					
			THE ABOVE SPA	<del>,</del>	OR FILING OFFICE US		
ı. <b>I</b> N	NITIAL FINANCING STATEMENT FILE # $20060721000353000/\mathrm{SH}$	ELBY		1	his FINANCING STATEMENT be filed [for record] (or record)		
<b>,</b>				R	EAL ESTATE RECORDS.	· · · · · · · · · · · · · · · · · · ·	
	TERMINATION: Effectiveness of the Financing Statement identified above						
	CONTINUATION: Effectiveness of the Financing Statement identified at continued for the additional period provided by applicable law.	bove with respect	to security interest(s) of the Secured	Party au	thorizing this Continuation S	Statement is	
		المامال الماما			in 14.5		
	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	فالمنا والمستحدية والمراجع والمراجع					
	MENDMENT (PARTY INFORMATION): This Amendment affects			of thes	e two boxes.		
	Iso check one of the following three boxes and provide appropriate information in CHANGE name and/or address: Give current record name in item 6a or 6b; a		DELETE name: Give record name		ADD name: Complete item	7a or 7b, and also	
_	name (if name change) in item 7a or 7b and/or new address (if address change	ge) in item 7c.	to be deleted in item 6a or 6b.		tem 7c; also complete items	s 7d-7g (if applica	
	CURRENT RECORD INFORMATION:				<del></del>	······	
-	6a. ORGANIZATION'S NAME						
R	6b. INDIVIDUAL'S LAST NAME	FIRST NAMI		IMIDDI	E NAME	SUFFIX	
	HILL	STEPH		R.		SUPPIX	
		O I LI II.		IX.			
	CHANGED (NEW) OR ADDED INFORMATION:					<del></del>	
	7a. ORGANIZATION'S NAME						
R	7b. INDIVIDUAL'S LAST NAME	FIRST NAM	FIRST NAME		MIDDLE NAME		
	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
	540 MATADOR DR	CHELS	SEA .	AL	35043		
U	TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION		CTION OF ORGANIZATION		GANIZATIONAL ID #, if any	<u> </u>	
······	ORGANIZATION			1.3			
	1	4		1			
	DEBTOR  MENDMENT (COLLATERAL CHANGE): check only one box.					1	
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A D	DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restated collateral deleted or stated collateral restated	MENDMENT (n	ame of assignor, if this is an Assignmen	_			
A D	MENDMENT (COLLATERAL CHANGE): check only one box. escribe collateral deleted or added, or give entire restated collateral.  WATER OF SECURED PARTY OF RECORD AUTHORIZING THIS Adds collateral or adds the authorizing Debtor, or if this is a Termination authorized.	MENDMENT (n	ame of assignor, if this is an Assignmen	_			
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