OL	OW INSTRUCTIONS	STATEMENT AMENDME (front and back) CAREFULLY ONTACT AT FILER [optional]	ENT	Shelhy Cnty	64390 1/1 \$.00 Judge of Probat 0:07:01AM FILE	te,AL
3. \$	Alabama Pow Attn: Rod Nov P O Box 129					
	Anniston, Al	36201	THE AD	OVE SPACE IS FOR	EII ING AFFICE HR	E ANI V
a. I	NITIAL FINANCING STATE	EMENT FILE # 20040621000335270 D		1b. This F	INANCING STATEMEN	IT AMENDMENT is
. <b>J</b>	TERMINATION: Effe	ctiveness of the Financing Statement identified above		REAL	ESTATE RECORDS.	
	CONTINUATION: E	fectiveness of the Financing Statement identified and period provided by applicable law.				
Α <b>Γ</b> ,	MENDMENT (PARTY Iso check <u>one</u> of the followi	INFORMATION): This Amendment affects  Ing three boxes and provide appropriate information  address: Give current record name in item 6a or 6b;  In item 7a or 7b and/or new address (if address char	Debtor or Secured Party of record. Che in items 6 and/or 7.	eck only <u>one</u> of these two		
	Sa. ORGANIZATION'S NA	ORMATION:			<u>.                                    </u>	
R		ORMATION: ME	FIRST NAME  DARREN	MIDDLE NA	ME	SUFFIX
R	6a. ORGANIZATION'S NA	ORMATION:  ME  NAME  DED INFORMATION:		MIDDLE NA	ME	SUFFIX
R	6a. ORGANIZATION'S NA 6b. INDIVIDUAL'S LAST IN HARBISON CHANGED (NEW) OR AD 7a. ORGANIZATION'S NA	ORMATION: NAME  DED INFORMATION: NME	DARREN	L		
R	6a. ORGANIZATION'S NA 6b. INDIVIDUAL'S LAST N HARBISON CHANGED (NEW) OR AD	ORMATION: NAME  DED INFORMATION: NME		MIDDLE NA L  MIDDLE NA Lawler	AME	SUFFIX
R	6b. INDIVIDUAL'S LAST ME HARBISON  7b. INDIVIDUAL'S LAST ME TO THE HARBISON  MAILING ADDRESS	ORMATION: NAME  DED INFORMATION: NME	DARREN  FIRST NAME  DARREN  CITY	MIDDLE NA Lawler STATE	AME POSTAL CODE	
R	6b. INDIVIDUAL'S LAST INTERPRETATION OF AD THE TRANSPORT OF THE TRANSPORT	ORMATION: NAME  DED INFORMATION: NAME  NAME  ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION	FIRST NAME DARREN CITY Vincent	MIDDLE NA Lawler STATE A1.	AME	SUFFIX
	6b. INDIVIDUAL'S LAST IN HARBISON  THANGED (NEW) OR AD  TO INDIVIDUAL'S LAST IN HARBISON  MAILING ADDRESS  22 TYLER CIR  TAX ID #: SSN OR EIN  MENDMENT (COLLAT	ORMATION: NAME  DED INFORMATION: NAME  NAME  ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  TERAL CHANGE): check only one box. ted or added, or give entire restated collaboration of the	FIRST NAME  DARREN  CITY  Vincent  7f. JURISDICTION OF ORGANIZATION	MIDDLE NA Lawler STATE Al. 7g. ORGAN	AME POSTAL CODE 35178	SUFFIX
R N N N N N N N N N N N N N N N N N N N	6b. INDIVIDUAL'S LAST MARBISON CHANGED (NEW) OR AD 7a. ORGANIZATION'S NA 7b. INDIVIDUAL'S LAST MARBISON MAILING ADDRESS 22 TYLER CIR TAX ID #: SSN OR EIN  MENDMENT (COLLAT escribe collateral dele  15) 5 TON AMAN 10DEL #PHB60C ERIAL #04017096	ORMATION:  ME  DED INFORMATION:  ME  NAME  ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR    FERAL CHANGE): check only one box.  Id HEATPUMP  02E1  614	FIRST NAME DARREN CITY Vincent 7f. JURISDICTION OF ORGANIZATION ateral description, or describe collateral	Lawler STATE Al. 7g. ORGAN	POSTAL CODE 35178  NIZATIONAL ID #, if any	COUNTRY
R A D () MS	6b. INDIVIDUAL'S LAST MARBISON CHANGED (NEW) OR AD 7a. ORGANIZATION'S NA 7b. INDIVIDUAL'S LAST M HARBISON MAILING ADDRESS 22 TYLER CIR TAX ID #: SSN OR EIN  MENDMENT (COLLAT escribe collateral dele  15) 5 TON AMAN 10DEL #PHB60C ERIAL #04017096	ORMATION:  ME  DED INFORMATION:  ME  NAME  ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR    FERAL CHANGE): check only one box.  Ited or   added, or give entire   restated collaboration organization organization organization organization organization of the collaboration of the collaborat	FIRST NAME DARREN CITY Vincent 7f. JURISDICTION OF ORGANIZATION ateral description, or describe collateral a	Lawler STATE Al. 7g. ORGAN	POSTAL CODE 35178 IIZATIONAL ID #, if any	COUNTRY