JCC FINANCING STATOLOW INSTRUCTIONS (front at A. NAME & PHONE OF CONTACT J. RUFFIN/205.226.1902 B. SEND ACKNOWLEDGMENT TO ALABAMA POWE 600 NORTH 18TH BIRMINGHAM, A	TAT FILER [optional] FO: (Name and Address) ER COMPANY STREET	20 Sh 10	081003000391700 1/1 \$.00 elby Cnty Judge of Probata /03/2008 09:07:51AM FILED	CERT
1a. INITIAL FINANCING STATEMENT	···		1b. This FINANCING STATEMENT	AMENDMENT is
	20070803000363200/SHEI	LBX	to be filed [for record] (or record REAL ESTATE RECORDS.	ded) in the
		terminated with respect to security interest(s) of the		
3. CONTINUATION: Effectiven continued for the additional peri		e with respect to security interest(s) of the Securi	ed Party authorizing this Continuation Sta	atement is
		ddress of assignee in item 7c; and also give name	of assignor in item 9.	······································
Also check one of the following three	boxes and provide appropriate information in its Give current record name in item 6a or 6b; also a or 7b and/or new address (if address change)			or 7b, and also 7d-7g (if applicable
66. INDIVIDUAL'S LAST NAME COLQUITT		FIRST NAME ADRIAN	MIDDLE NAME J.	SUFFIX
. CHANGED (NEW) OR ADDED IN	IFORMATION:			······································
7a. ORGANIZATION'S NAME				
7a. ORGANIZATION'S NAME		FIRST NAME	MIDDLE NAME	SUFFIX
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME c. MAILING ADDRESS		CITY	STATE POSTAL CODE	SUFFIX
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME c. MAILING ADDRESS 4005 CROSS GROVE C	CIR	CITY BIRMINGHAM	STATE POSTAL CODE AL 35242	
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME c. MAILING ADDRESS 4005 CROSS GROVE Cod. TAX ID #: SSN OR EIN ADD'L ORGAN	CIR INFO RE 7e. TYPE OF ORGANIZATION NIZATION	CITY	STATE POSTAL CODE	COUNTRY
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME c. MAILING ADDRESS 4005 CROSS GROVE Cod. TAX ID #: SSN OR EIN ADD'L ORGAN DEBTO AMENDMENT (COLLATERAL	CIR INFO RE 7e. TYPE OF ORGANIZATION NIZATION OR CHANGE): check only one box.	CITY BIRMINGHAM 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35242 7g. ORGANIZATIONAL ID #, if any	COUNTRY
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 4005 CROSS GROVE COORDAN ADD'L ORGAN DEBTO 7d. TAX ID #: SSN OR EIN ADD'L ORGAN DEBTO 8. AMENDMENT (COLLATERAL Describe collateral deleted or deleted or adds the authorizin adds collateral or adds the authorizin	CIR INFO RE 7e. TYPE OF ORGANIZATION NIZATION OR CHANGE): check only one box. added, or give entire restated collateral	CITY BIRMINGHAM	STATE POSTAL CODE AL 35242 7g. ORGANIZATIONAL ID #, if any st.	COUNTRY
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 4005 CROSS GROVE CO 7d. TAX ID #: SSN OR EIN ADD'L ORGAN DEBTO 8. AMENDMENT (COLLATERAL Describe collateral deleted or address) 9. NAME OF SECURED PARTY	INFO RE 7e. TYPE OF ORGANIZATION NIZATION DR CHANGE): check only one box. added, or give entire restated collateral restated restated collateral restated restat	CITY BIRMINGHAM 7f. JURISDICTION OF ORGANIZATION Il description, or describe collateral assigned ENDMENT (name of assignor, if this is an Assignment)	STATE POSTAL CODE AL 35242 7g. ORGANIZATIONAL ID #, if any st.	COUNTRY