CC FINANCING STATEMENT AND DELOW INSTRUCTIONS (front and back) CAREFULL	_Y	20090216000052710 1/1 Shelby Cnty Judge of	\$.00 Probate,AL
NAME & PHONE OF CONTACT AT FILER [optional]		02/16/2009 09:16:16AM	
. RUFFIN/205.226.1902 SEND ACKNOWLEDGMENT TO: (Name and Addres	ess)		
ALABAMA POWER COMPANY			
600 NORTH 18TH STREET BIRMINGHAM, AL 35291			
Direction of the same			
!	I		
	THE AF	BOVE SPACE IS FOR FILING OFFICE I	JSE ONLY
INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATEM	ENT AMENDMENT
	00362710/SHELBY	to be filed [for record] (or record) (or record)	
	nent identified above is terminated with respect to security interes		
CONTINUATION: Effectiveness of the Financing State continued for the additional period provided by applicable	itement identified above with respect to security interest(s) of t le law.	he Secured Party authorizing this Continuation	n Statement is
ASSIGNMENT (full or partial): Give name of assignee	in item 7a or 7b and address of assignee in item 7c; and also gi	ve name of accionor in item 0	
AMENDMENT (PARTY INFORMATION): This Amend		eck only one of these two boxes.	· · · · · · · · · · · · · · · · · · ·
Also check one of the following three boxes and provide appro	leard (mail	TOUR OTHY DING OF LITESE TWO DOXES.	
CHANGE name and/or address: Give current record name name (if name change) in item 7a or 7b and/or new address	e in item 6a or 6b; also give new DELETE name: Give ss (if address change) in item 7c to be deleted in item 6		m 7a or 7b, and also
CURRENT RECORD INFORMATION:	ou (ii doui dou di lango) ii i italii i o.	a or ob.	nis ru-ry (ii applicat
6a. ORGANIZATION'S NAME			
R Ch. INDU/IDUALIC LACT NAME			
66. INDIVIDUAL'S LAST NAME GAMBLE	JAMES	MIDDLE NAME	SUFFIX
CHANCED (NEW) OR ADDED INCODMATION.		D.	
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			
## I	FIRST NAME	MIDDLE NAME	SUFFIX
7b. INDIVIDUAL'S LAST NAME	LIVOI MAIME	i 🚗	
7b. INDIVIDUAL'S LAST NAME BARBER	CATHLEEN	G.	
BARBER MAILING ADDRESS	CATHLEEN	STATE POSTAL CODE	COUNTRY
BARBER MAILING ADDRESS 4225 HIGHWAY 18	CATHLEEN CITY MONTEVALLO	STATE POSTAL CODE AL 35115	
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