A. NAME & PHONE OF CONTACT AT FILER [optional] J. RUFFIN/205.226.1902 B. SEND ACKNOWLEDGMENT TO: (Name and Address) ALABAMA POWER COMPANY			20090326000112690 1/1 \$.00 Shelby Cnty Judge of Probate,AL 03/26/2009 02:40:06PM FILED/CERT			
	600 NORTH 18TH STREET BIRMINGHAM, AL 35291					
			THE ABOVE SPA	CE IS FO	R FILING OFFICE USE	ONLY
i. 11	NITIAL FINANCING STATEMENT FILE # 20070511000222150/SHE	LBY		to t	s FINANCING STATEMENT be filed [for record] (or record	
×	TERMINATION: Effectiveness of the Financing Statement identified above i		security interest(s) of the	RE	AL ESTATE RECORDS.	
	CONTINUATION: Effectiveness of the Financing Statement identified about					
_	continued for the additional period provided by applicable law.					
	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and					
	MENDMENT (PARTY INFORMATION): This Amendment affects De lso check one of the following three boxes and provide appropriate information in	• • • • • • • • • • • • • • • • • • • •	y of record. Check only or	e of these	two boxes.	
			E name: Give record name) A [DD name: Complete item 7a	or 7b, and alse
	CHANGE name and/or address: Give current record name in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change to the cord name of the cord name in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change) in IRPENT RECORD INFORMATION:	e) in item 7cto be d	eleted in item 6a or 6b.	ite	m 7c; also complete items 7	d-7g (if applica
,	CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	<u></u>				

₹	6b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
	LEWIS	ANTHONY'				
-	CHANGED (NEW) OR ADDED INFORMATION:					
	7a. ORGANIZATION'S NAME					
1		FIRST NAME	·	MIDDLE	NI A A C	CHEEN
٦	75 INDUSTRIALIO LACTALARE	CELENCAL INDAME		INIDULE	[A'√IAI €	SUFFIX
2	7b. INDIVIDUAL'S LAST NAME			∤ ■		
	LEWIS	GERRIE		L.	POSTAL CODE	COLINTE
	LEWIS MAILING ADDRESS	GERRIE		STATE	POSTAL CODE 35007	COUNTRY
2	LEWIS MAILING ADDRESS 276 WYNLAKE DR	GERRIE	ORGANIZATION	STATE	POSTAL CODE 35007 ANIZATIONAL ID #, if any	COUNTRY
2	LEWIS MAILING ADDRESS 76 WYNLAKE DR TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	GERRIE CITY ALABASTER	ORGANIZATION	STATE	35007	
2	LEWIS MAILING ADDRESS 2.76 WYNLAKE DR TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	GERRIE CITY ALABASTER	ORGANIZATION	STATE	35007	
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