	ONE OF CONTACT AT FILER [option 205.226.1902					
ALABAMA POWER COMPANY 600 NORTH 18TH STREET BIRMINGHAM, AL 35291			20090408000130250 1/1 \$.00 Shelby Cnty Judge of Probate, AL 04/08/2009 02:36:11PM FILED/CERT			
				THE AROVE SDACE	IS FOR FILING OFFICE	HEEONLV
. INITIAL FINAI	ICING STATEMENT FILE # 20080807	000317830/SHELBY	7	111E ADOVE SPACE	This FINANCING STATE to be filed [for record] (or	MENT AMENDMEN recorded) in the
X TERMINA	ATION: Effectiveness of the Financing Sta	tement identified above is term	inated with respect to secu	rity interest(s) of the Secur	REAL ESTATE RECORD ed Party authorizing this Ter	
CONTIN	JATION: Effectiveness of the Financing for the additional period provided by applications.	Statement identified above wit				
			o of occionos in itom Zor o	nd also sive none of socie	······································	
	IENT (full or partial): Give name of assign IT (PARTY INFORMATION): This Am		or Secured Party of re			
	of the following three boxes and provide ap	· ·		cord. Check only one of	illese iwo boxes.	
CHANGE r name (if na	ame and/or address: Give current record need me change) in item 7a or 7b and/or new ad	ame in item 6a or 6b; also give dress (if address change) in ite	new DELETE name to be deleted	ne: Give record name in item 6a or 6b.	ADD name: Complete it item 7c; also complete it	em 7a or 7b, and all tems 7d-7g (if applic
	ECORD INFORMATION:					
oa. ORGANI	ZATION'S NAME					
6b. INDIVID	JAL'S LAST NAME	FIF	RST NAME	MI	ODLE NAME	SUFFIX
ROGER	S		IMEE	N		
CHANGED (N	IEW) OR ADDED INFORMATION:					
7a. ORGANI	ZATION'S NAME		····		······································	
			· · · · · · · · · · · · · · · · · · ·			
75. INDIVIDUAL'S LAST NAME			FIRST NAME KENNETH		MIDDLE NAME SUFFIX	
ROGERS MAILING ADDRESS		CIT		IV.		COLINE
7930 WYNWOOD LN			ELENA	A	L 35080	COUNTR
TAX ID #: S	SN OR EIN ADD'L INFO RE 7e. TYPE		JURISDICTION OF ORGA		ORGANIZATIONAL ID #, if	any
	ORGANIZATION DEBTOR					
AMENDMEN	T (COLLATERAL CHANGE): check or	nly <u>one</u> box.				
escribe collat	eral deleted or added, or give en	ntire restated collateral des	cription, or describe colla	eral assigned.		
NAME OF SE	CURED PARTY OF RECORD AUT	HORIZING THIS AMENDM	ENT (name of assignor if	this is an Assignment). If	this is an Amandment author	rized by a Dobtor wh
NAME OF SE	CURED PARTY OF RECORD AUT or adds the authorizing Debtor, or if this is a	HORIZING THIS AMENDM Termination authorized by a D	IENT (name of assignor, in	this is an Assignment). If enter name of DEBTOR	this is an Amendment author authorizing this Amendment	rized by a Debtor wh
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adds collateral of the second	or adds the authorizing Debtor, or if this is a	HORIZING THIS AMENDN Termination authorized by a D	IENT (name of assignor, if ebtor, check here and	this is an Assignment). If enter name of DEBTOR	this is an Amendment author authorizing this Amendment	rized by a Debtor wh