C FINANCING STATEMENT AMENDME	NT					
OW INSTRUCTIONS (front and back) CAREFULLY						
AME & PHONE OF CONTACT AT FILER [optional]						
RUFFIN/205.226.1902						
SEND ACKNOWLEDGMENT TO: (Name and Address)						
ALABAMA POWER COMPANY		2009043	20000143	230 1/1 \$.00		
600 NORTH 18TH STREET		Shelby	Cntv Ju	dge of Probate,AL 54:51AM FILED/CER	- ₹T	
BIRMINGHAM, AL 35291		047207	2003 11.	J4, J1(III + 1111		
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		THE ABOVE SPA	1b. This	R FILING OFFICE USE FINANCING STATEMENT	AMENDME	NT
NITIAL FINANCING STATEMENT FILE # 20081103000425030/SF	IELBY		to be	filed [for record] (or record).	ded) in the	
TERMINATION: Effectiveness of the Financing Statement identified above		security interest(s) of the	Secured Part	y authorizing this Terminati	on Stateme	nt.
TERMINATION: Effectiveness of the Financing Statement identified above CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law.	above with respect to security	interest(s) of the Secured	Party author	rizing this Continuation Sta	atement is	
continued for the additional period provided by applicable law.		Zer and also give name of	assignor in	tem 9.		H
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b a	ind address of assignee in item	70, and also give traine of	ne of these t	wo boxes.		انتنسه
ASSIGNMENT (Idin 6. partial).  AMENDMENT (PARTY INFORMATION): This Amendment affects	Debtor or Secured Party	y of record. Check only Q	ie oi mese i	TO DONGO.		
Also shock one of the following three boxes and provide appropriate information	in items o and/or 7.	E name: Give record nam	_ <b>}</b>	O same: Complete item 7:	a or 7b, and	als
CHANGE name and/or address: Give current record name in item 6a or 6b; name (if name change) in item 7a or 7b and/or new address (if address cha	nge) in item 7c. to be d	eleted in item 6a or 6b.	ite	m 7c; also complete items	70-79 (11 ap)	JIICe
CURRENT RECORD INFORMATION:		<u></u>				
6a. ORGANIZATION'S NAME						
	<u></u>		MIDDLE	NAME	SUFFI	IX
6b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIODEE	JAPAIVEL		
PARDUE	TRAVIS					,, <u>;;;;;;;;;;;</u>
CHANGED (NEW) OR ADDED INFORMATION:			······································			<del></del>
7a. ORGANIZATION'S NAME						
		······································	TAUDDI S	NIANE	ISUFF	īx
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	FIRST NAME		MIDDLE NAME		
		<u></u>		IDOOTAL CODE	COU	NTF
. MAILING ADDRESS	CITY		STATE	POSTAL CODE	1000.	
5405 OLD HWY 280	STERRETT		AL	35147	<u></u>	
TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF	ORGANIZATION	7g. ORG	SANIZATIONAL ID #, if any	<i>†</i>	
ORGANIZATION						
DEBTOR						
AMENDMENT (COLLATERAL CHANGE): check only one box.	ulliand description or descrip	e collateral assigned	<b>i</b> .			
	Materal description, or describ					
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Describe collateral deleted or added, or give entire restated co	S AMENDMENT (name of as	ssignor, if this is an Assign	ment). If this	is an Amendment authorize	ed by a Deb	itor
Describe collateral deleted or added, or give entire restated co	S AMENDMENT (name of as orized by a Debtor, check here	ssignor, if this is an Assign and enter name of D	ment). If this EBTOR aut	is an Amendment authorize horizing this Amendment.	ed by a Deb	tor
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