CC FINANCING STATEMENT AMENDM	IENT		
LLOW INSTRUCTIONS (front and back) CAREFULLY		20090515000182830 1/1	\$.00
NAME & PHONE OF CONTACT AT FILER [optional]		Shelby Cnty Judge of 05/15/2009 10:28:56 A	Probate, AL
RUFFIN/205.226.1902		( <u></u> ,	III / TEED/OEK
SEND ACKNOWLEDGMENT TO: (Name and Address)			
ALABAMA POWER COMPANY			
600 NORTH 18TH STREET			
BIRMINGHAM, AL 35291			
Direction (C) 11/11/11/11/11/11/11/11/11/11/11/11/11/			
	THE ABOVE	SPACE IS FOR FILING OFFICE	HSE ONLY
NITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATE	
20090326000112590/9	SHELBY	to be filed [for record] (or	recorded) in the
C TERMINATION: Effectiveness of the Financing Statement identified at	bove is terminated with respect to security interest(s) of	the Secured Party authorizing this Terr	mination States
CONTINUATION: Effectiveness of the Financing Statement identifie	ed above with respect to security interest(a) of the Com-	ared Dady authorizing the Control	mination Statemen
continued for the additional period provided by applicable law.	respect to secontly interest(s) of the 2600	ared marry authorizing this Continuation	on Statement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b	b and address of assignee in item 70: and also sive	e of accionar in its A	
Iso check one of the following three boxes and provide appropriate information	iI	y one of these two boxes.	
CHANGE name and/or address: Give current record name in item 65 or 6	Shi alee aive nave	ame ET ADD some Court 4 19	
I hame (it hame change) in item 7a or 7b and/or new address (if address ch	hange) in item 7c. to be deleted in item 6a or 6b.	ame ADD name: Complete ite item 7c; also complete ite	ems 7d-7g (if appli
URRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME			
6b. INDIVIDUAL'S LAST NAME			~~~~
GAITERS	FIRST NAME  CARLTON	MIDDLE NAME	SUFFIX
7a. ORGANIZATION'S NAME			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7b. INDIVIDUAL'S LAST NAME GAITERS	FIRST NAME NINA	MIDDLE NAME  CREAR	SUFFIX
7b. INDIVIDUAL'S LAST NAME  GAITERS  AILING ADDRESS			
7b. INDIVIDUAL'S LAST NAME  GAITERS  AILING ADDRESS	NINA	CREAR  STATE POSTAL CODE	
7b. INDIVIDUAL'S LAST NAME  GAITERS  AILING ADDRESS  11 COUNTY RD 213  AX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION	NINA CITY CALERA	CREAR  STATE POSTAL CODE  AL 35040	COUNTR
7b. INDIVIDUAL'S LAST NAME GAITERS AILING ADDRESS 11 COUNTY RD 213	NINA CITY CALERA	CREAR  STATE POSTAL CODE	COUNTR
Th. INDIVIDUAL'S LAST NAME  GAITERS  AILING ADDRESS  1 COUNTY RD 213  AX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	NINA CITY CALERA	CREAR  STATE POSTAL CODE  AL 35040	COUNTR
Th. INDIVIDUAL'S LAST NAME  GAITERS  AILING ADDRESS  11 COUNTY RD 213  AX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR   ADDRESS   Check only one box.	NINA CITY CALERA  7f. JURISDICTION OF ORGANIZATION	CREAR  STATE POSTAL CODE  AL 35040  7g. ORGANIZATIONAL ID #, if a	COUNTR
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The individual's last name  GAITERS  Alling address  11 COUNTY RD 213  AX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR    MENDMENT (COLLATERAL CHANGE): check only one box.  scribe collateral   deleted or   added, or give entire   restated collateral   deleted or   added   restated collateral   deleted or   added   restated collateral   deleted   deleted   added   restated   restated   restated   restated   collateral   restated   rest	CITY CALERA  7f. JURISDICTION OF ORGANIZATION  Illateral description, or describe collateral assigne  AMENDMENT (name of assignor, if this is an Assignor)	CREAR  STATE POSTAL CODE AL 35040  7g. ORGANIZATIONAL ID #, if a	COUNTR
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