JCC FINANCING STATEMENT AMENDMEN OLLOW INSTRUCTIONS (front and back) CAREFULLY	1 T	20090515000182980 1	
A. NAME & PHONE OF CONTACT AT FILER [optional] Γ. TARBERT (205) 226-1907		Shelby Cnty Judge of 05/15/2009 10:29:11	
SEND ACKNOWLEDGMENT TO: (Name and Address) ALABAMA POWER COMPANY 600 No. 18TH STREET			
600 N. 18TH STREET BIRMINGHAM, AL 35291			
	THE ABOVE	SPACE IS FOR FILING OFFICE	USE ONLY
a. INITIAL FINANCING STATEMENT FILE # 20081010000401360/SHE	ELBY	to be filed [for record] (or record)	recorded) in the
TERMINATION: Effectiveness of the Financing Statement identified above it	is terminated with respect to security interest(s) of	REAL ESTATE RECORDS of the Secured Party authorizing this Term	
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	address of assignee in item 7c; and also give na	me of assignor in item 9.	
	ebtor or Secured Party of record. Check o		
Also check one of the following three boxes and provide appropriate information in	items 6 and/or 7.		
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)	be) in item 7c. DELETE name: Give recorded to be deleted in item 6a or 6		m 7a or 7b, and also ms 7d-7g (if applicat
CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
ATKINS	DEWEY	Α.	
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	· ·	<u> </u>	
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
ATKINS	MARGARET		
MAILING ADDRESS 1691 HIGHWAY 42	CALERA	STATE POSTAL CODE AL 35040	COUNTRY
TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if a	any
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ORGANIZATION DEBTOR		ļ	
ORGANIZATION 1 DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	······································		
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ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collate restated collate NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM	MENDMENT (name of assignor, if this is an Assi	ignment). If this is an Amendment author	ized by a Debtor whic
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