OLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
Alabama Power Company Attn: Rod Nowlin			
P O Box 129		20090716000273780 1/1 \$.00	
Anniston, Al 36201		Shelby Cnty Judge of Proba 07/16/2009 10:56:48 AM FILI	te, AL
		0//16/2009 10:50:40 ATT 124	
		THE ABOVE SPACE IS FOR FILING OFFICE	
a. INITIAL FINANCING STATEMENT FILE # #20040416000198100 dasted 4/16/2004		1b. This FINANCING STATE to be filed [for record] (or	recorded) in the
2. X TERMINATION: Effectiveness of the Financing Statement in	dentified above is terminated with respect to secu	IT REAL ESTATE RECORD Unity interest(s) of the Secured Party authorizing this Ter	
CONTINUATION: Effectiveness of the Financing Stateme		· · · · · · · · · · · · · · · · · · ·	
continued for the additional period provided by applicable law	V.		
. ASSIGNMENT (full or partial): Give name of assignee in ite			
Also shock and of the following three bayes and provide engrapsist		ecord. Check only <u>one</u> of these two boxes.	
Also check one of the following three boxes and provide appropriate CHANGE name and/or address: Give current record name in it	tem 6a or 6b; also give new DELETE nan	me: Give record name	
name (if name change) in item 7a or 7b and/or new address (if CURRENT RECORD INFORMATION:	address change) in item 7c to be deleted	d in item 6a or 6bitem 7c; also complete i	ems 7d-7g (if applicable).
6a. ORGANIZATION'S NAME			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Lemons	FIRST NAME Sheryl	MIDDLE NAME O	SUFFIX
Lemons			SUFFIX
Lemons CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			SUFFIX
Lemons CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			SUFFIX
Lemons CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	Sheryl	O	
Lemons CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Lemons C. MAILING ADDRESS	Sheryl FIRST NAME Sheryl CITY	MIDDLE NAME O STATE POSTAL CODE	
Lemons CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Lemons C. MAILING ADDRESS 1818 Highway 85	FIRST NAME Sheryl CITY Vincenat	MIDDLE NAME O STATE POSTAL CODE A1 35178	SUFFIX
Lemons CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Lemons MAILING ADDRESS 818 Highway 85 I. TAX ID #: SSN OR EIN ADD'L INFO RE 76. TYPE OF ORGORGANIZATION 76. T	FIRST NAME Sheryl CITY Vincenat	MIDDLE NAME O STATE POSTAL CODE A1 35178	SUFFIX COUNTRY
Lemons CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Lemons C. MAILING ADDRESS 818 Highway 85 d. TAX ID #: SSN OR EIN ADD'L INFO RE 7a. TYPE OF ORGORGANIZATION DEBTOR	FIRST NAME Sheryl CITY Vincenat FANIZATION 7f. JURISDICTION OF ORGA	MIDDLE NAME O STATE POSTAL CODE A1 35178	SUFFIX
Lemons CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Lemons C. MAILING ADDRESS 818 Highway 85 d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one in the control of the	FIRST NAME Sheryl CITY Vincenat FANIZATION 7f. JURISDICTION OF ORGAN	MIDDLE NAME O STATE POSTAL CODE Al 35178 ANIZATION 7g. ORGANIZATIONAL ID #, if	SUFFIX COUNTRY
Lemons CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Lemons C. MAILING ADDRESS 1818 Highway 85 d. TAX ID #: SSN OR EIN ADD'L INFO RE 76. TYPE OF ORGORGANIZATION DEBTOR	FIRST NAME Sheryl CITY Vincenat FANIZATION 7f. JURISDICTION OF ORGAN	MIDDLE NAME O STATE POSTAL CODE Al 35178 ANIZATION 7g. ORGANIZATIONAL ID #, if	SUFFIX COUNTRY
Lemons CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Lemons C. MAILING ADDRESS 1818 Highway 85 d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGORGANIZATION DEBTOR Describe collateral deleted or added, or give entire 1e. (1) Ton Trane HP	FIRST NAME Sheryl CITY Vincenat FANIZATION 7f. JURISDICTION OF ORGAN	MIDDLE NAME O STATE POSTAL CODE Al 35178 ANIZATION 7g. ORGANIZATIONAL ID #, if	SUFFIX COUNTRY
Lemons C. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Lemons c. MAILING ADDRESS 1818 Highway 85 d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGORGANIZATION DEBTOR 6. AMENDMENT (COLLATERAL CHANGE): check only one in the collateral deleted or added, or give entire organization deleted organization deleted organization organization	FIRST NAME Sheryl CITY Vincenat FANIZATION 7f. JURISDICTION OF ORGAN	MIDDLE NAME O STATE POSTAL CODE Al 35178 ANIZATION 7g. ORGANIZATIONAL ID #, if	SUFFIX COUNTRY
Lemons 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Lemons 6. MAILING ADDRESS 1818 Highway 85 6. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one in the collateral deleted or added, or give entire interest interest	FIRST NAME Sheryl CITY Vincenat FANIZATION 7f. JURISDICTION OF ORGAN	MIDDLE NAME O STATE POSTAL CODE Al 35178 ANIZATION 7g. ORGANIZATIONAL ID #, if	SUFFIX COUNTRY
Lemons 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Lemons 7c. MAILING ADDRESS 1818 Highway 85 7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one in the collateral deleted or added, or give entire organization deleted deleted added or give entire organization or	FIRST NAME Sheryl CITY Vincenat FANIZATION 7f. JURISDICTION OF ORGAN	MIDDLE NAME O STATE POSTAL CODE Al 35178 ANIZATION 7g. ORGANIZATIONAL ID #, if	SUFFIX COUNTRY
Lemons 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Lemons 7c. MAILING ADDRESS 1818 Highway 85 7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGORGANIZATION DEBTOR B. AMENDMENT (COLLATERAL CHANGE): check only one is presented in the control of the collateral deleted or added, or give entire 1. (1) Ton Trane HP MODEL #WCY042G100BB SERIAL #41236P1H MODEL #BAYHTRN112AB	FIRST NAME Sheryl CITY Vincenat FANIZATION 7f. JURISDICTION OF ORGAN	MIDDLE NAME O STATE POSTAL CODE Al 35178 ANIZATION 7g. ORGANIZATIONAL ID #, if	SUFFIX COUNTRY
Lemons 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Lemons 7c. MAILING ADDRESS 1818 Highway 85 7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGORGANIZATION DEBTOR B. AMENDMENT (COLLATERAL CHANGE): check only one is presented in the control of the collateral deleted or added, or give entire 1. (1) Ton Trane HP MODEL #WCY042G100BB SERIAL #41236P1H MODEL #BAYHTRN112AB	FIRST NAME Sheryl CITY Vincenat FANIZATION 7f. JURISDICTION OF ORGAN	MIDDLE NAME O STATE POSTAL CODE Al 35178 ANIZATION 7g. ORGANIZATIONAL ID #, if	SUFFIX COUNTRY
Lemons C. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Lemons C. MAILING ADDRESS 1818 Highway 85 d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGORGANIZATION DEBTOR Describe collateral deleted or added, or give entire recommended in the collateral deleted or added, or give entire recommended in the collateral MODEL #WCY042G100BB SERIAL #41236P1H MODEL #BAYHTRN112AB	FIRST NAME Sheryl CITY Vincenat FANIZATION 7f. JURISDICTION OF ORGAN	MIDDLE NAME O STATE POSTAL CODE Al 35178 ANIZATION 7g. ORGANIZATIONAL ID #, if	SUFFIX COUNTRY
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Lemons CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Lemons C. MAILING ADDRESS 8.818 Highway 85 d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one in the collateral deleted or added, or give entire deleted de	FIRST NAME Sheryl CITY Vincenat SANIZATION 7f. JURISDICTION OF ORGA box. restated collateral description, or describe colla	MIDDLE NAME O STATE POSTAL CODE Al 35178 ANIZATION 7g. ORGANIZATIONAL ID #, it	COUNTRY any NONE
Lemons CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME Tb. INDIVIDUAL'S LAST NAME Lemons MAILING ADDRESS 1818 Highway 85 1. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one in the collateral deleted or added, or give entire organization organization (1) Ton Trane HP MODEL #WCY042G100BB SERIAL #41236P1H MODEL #BAYHTRN112AB SERIAL #4051XWACD	FIRST NAME Sheryl CITY Vincenat SANIZATION 7f. JURISDICTION OF ORGA box. restated collateral description, or describe colla	MIDDLE NAME O STATE POSTAL CODE Al 35178 ANIZATION 7g. ORGANIZATIONAL ID #, it	COUNTRY any NONE