| L | C FINANCING STATEMENT AMENDMEN LOW INSTRUCTIONS (front and back) CAREFULLY | | 90723000284 | のこの・スプリング・サービリー | |
|-------|---|--|---------------------------------------|---|-----------------------|
| | NAME & PHONE OF CONTACT AT FILER [optional] RUFFIN/205.226.1902 | | -~3 ONLY JIN | dge of Probate, 51:19 PM FILED/C | AL |
| | SEND ACKNOWLEDGMENT TO: (Name and Address) | | ~ , , | AN FIFEDIC | CERT |
| | ALABAMA POWER COMPANY | | | | |
| | 600 NORTH 18TH STREET | | | | |
| | BIRMINGHAM, AL 35291 | | | | |
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| | | THE ABOVE | SPACE IS FO | R FILING OFFICE US | E ONLY |
| II | INITIAL FINANCING STATEMENT FILE # 20090326000112660/SHE | LBY | to be | FINANCING STATEMEN filed [for record] (or reco | |
| * | TERMINATION: Effectiveness of the Financing Statement identified above i | s terminated with respect to security interest(s) of | | L ESTATE RECORDS. v authorizing this Termina | ation Statement |
| | CONTINUATION: Effectiveness of the Financing Statement identified abo | | | | |
| | 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 nar | me of assignor in it | tem 9. | |
| Ā | AMENDMENT (PARTY INFORMATION): This Amendment affects De | btor or Secured Party of record. Check or | nly one of these tv | vo boxes. | |
| | Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in i | | name [TT] ADI | D name: Complete item 7 | 7a or 7h and als |
| | CHANGE name and/or address: Give current record name in item 6a or 6b; als name (if name change) in item 7a or 7b and/or new address (if address change |) in item 7c to be deleted in item 6a or 6t | | n 7c; also complete items | 7d-7g (if application |
| _ | CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME | | | · · · · · · · · · · · · · · · · · · · | |
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| ŧ | 6b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE | AME | SUFFIX |
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| C | LOVE CHANGED (NEW) OR ADDED INFORMATION: | | | AME | SUFFIX |
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| C - | LOVE CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS | TERESA FIRST NAME CITY | MIDDLE N | NAME POSTAL CODE | SUFFIX |
| C 1 | CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 11 BUCKINGHAM CIR TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION | TERESA FIRST NAME | A. MIDDLE N STATE AL | VAME | SUFFIX |
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