TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement 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 name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects □ Debtor or □ Secured Party of record. Check only one of these two boxes. 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 give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. □ the deleted in item 6a or 6b. □ ADD name: Complete items 7d-7g (items 7c; also complete	NAME & PHONE OF CONTACT AT FILER [I. RUFFIN/205.226.1902 I. SEND ACKNOWLEDGMENT TO: (Name at ALABAMA POWER COMP 600 NORTH 18TH STREET BIRMINGHAM, AL 35291	optional) nd Address)	Sh	elby Cnty	326230 1/1 \$.00 Judge of Probate 10:47:09 AM FILED	•
Intrial Financing STATEMENT FILE# 20080711000280580/SHELBY			THE ABOVE	SPACE IS F	OR FILING OFFICE USE	ONLY
TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Continual for the additional period by paging provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7a, and also give name of assignor in item 9a. AMENDMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7a, and also give name of assignor in item 9a. AMENDMENT (Full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7a, and also give name of assignor in item 9a. AMENDMENT (FARTY INFORMATION): This Amendment affects				1b. This FINANCING STATEMENT AMENDMENT to be filed [for record] (or recorded) in the		
Continued for the additional period provided by applicable law. ASSIGNMENT (full or perial): Give name of assignce in item 7a or 7b and address of assignce in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects	TERMINATION: Effectiveness of the Finance	ing Statement identified above is	terminated with respect to security interest(s) of			ion Statement.
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ALSUP CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME ALSUP MAILING ADDRESS CITY STATE POSTAL CODE AL 35124 CTANID #: SSN OR EIN ADDILINFO RE AL AL AL AL AL AL AL AL AL A	name (if name change) in item 7a or 7b and/or r CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	new address (if address change)	in item 7c. Leto be deleted in item 6a or 6b.	it	em 7c; also complete items	a or 7b, and also 7d-7g (if applica
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ALSUP EMILY STATE POSTAL CODE AL 35124 CTY PELHAM AL 35124 I TAX ID #: SSN OR EIN ADD'LINFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Deads collateral or added the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME	7a. ORGANIZATION'S NAME					
MAILING ADDRESS 125 HIDDEN CREEK PKWY PELHAM AL 35124 TAX ID #: SSN OR EIN ADDL INFO RE 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a De adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME	7b. INDIVIDUAL'S LAST NAME			MIDDLE	NAME	SUFFIX
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