OLL A. N.	C FINANCING STATEMENT AMENDMENT OW INSTRUCTIONS (front and back) CAREFULLY AME & PHONE OF CONTACT AT FILER [optional]	JT	200909250003	66530 1/1 \$.00 Judge of Probate 0:44:06 AM FILE	e, AL
	UFFIN/205,226.1902 END ACKNOWLEDGMENT TO: (Name and Address) ALABAMA POWER COMPANY 600 NORTH 18TH STREET BIRMINGHAM, AL 35291				
		THE A	BOVE SPACE IS FO	R FILING OFFICE US	E ONLY
a. IN	ITIAL FINANCING STATEMENT FILE # 20060224000089700/SHI	ELBY		FINANCING STATEMEN e filed [for record] (or rec	
· ·	TERMINATION: Effectiveness of the Financing Statement identified above		REA	L ESTATE RECORDS.	·
	CONTINUATION: Effectiveness of the Financing Statement identified ab				
<u> </u>	continued for the additional period provided by applicable law.				
	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	l address of assignee in item 7c; and also	give name of assignor in i	tem 9.	
Αl	MENDMENT (PARTY INFORMATION): This Amendment affects D	ebtor <u>or</u> Secured Party of record. C	heck only <u>one</u> of these to	wo boxes.	
	so check one of the following three boxes and provide appropriate information in				
	CHANGE name and/or address: Give current record name in item 6a or 6b; all name (if name change) in item 7a or 7b and/or new address (if address change)	so give new DELETE name: Give e) in item 7c. to be deleted in item		D name: Complete item in 7c; also complete items	7a or 7b, and als 7d-7g (if applica
CI	JRRENT RECORD INFORMATION:				
[a. ORGANIZATION'S NAME				
1					
ŀ	Sb. INDIVIDUAL'S LAST NAME	FIR\$T NAME	MIDDLE	NAME	SUFFIX
1	BB. INDIVIDUAL'S LAST NAME EVANS	FIRST NAME STEVEN	MIDDLE		SUFFIX
			1		SUFFIX
CI	EVANS		1		SUFFIX
CI	EVANS HANGED (NEW) OR ADDED INFORMATION:		1		SUFFIX
CI	EVANS HANGED (NEW) OR ADDED INFORMATION:		1	T	SUFFIX
Ci	EVANS HANGED (NEW) OR ADDED INFORMATION: 'a. ORGANIZATION'S NAME	STEVEN	BRET	YAME	
CI	EVANS HANGED (NEW) OR ADDED INFORMATION: Ya. ORGANIZATION'S NAME Yb. INDIVIDUAL'S LAST NAME	STEVEN FIRST NAME	BRET MIDDLE N PARK	YAME	SUFFIX
Ci T	EVANS HANGED (NEW) OR ADDED INFORMATION: Ta. ORGANIZATION'S NAME Tb. INDIVIDUAL'S LAST NAME EVANS	STEVEN FIRST NAME ASHLEY	MIDDLE N PARK STATE	T VAME ER	SUFFIX
Ci 7	EVANS HANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME EVANS AILING ADDRESS	FIRST NAME ASHLEY CITY	MIDDLE N PARK STATE AL	TAME ER POSTAL CODE	SUFFIX
CI 7 M 62 T	HANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME EVANS AILING ADDRESS 26 CAHABA MANOR TRAIL AX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one box.	FIRST NAME ASHLEY CITY PELHAM 7f. JURISDICTION OF ORGANIZATIO	MIDDLE N PARK STATE AL ON 7g. ORGA	TAME ER POSTAL CODE 35124	SUFFIX
	HANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME EVANS AILING ADDRESS 26 CAHABA MANOR TRAIL AX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	FIRST NAME ASHLEY CITY PELHAM 7f. JURISDICTION OF ORGANIZATIO	MIDDLE N PARK STATE AL ON 7g. ORGA	TAME ER POSTAL CODE 35124	SUFFIX
CITY M 62 T AN De NA de	HANGED (NEW) OR ADDED INFORMATION: Ta. ORGANIZATION'S NAME Tb. INDIVIDUAL'S LAST NAME EVANS AILING ADDRESS 26 CAHABA MANOR TRAIL AX ID #: SSN OR EIN ADD'L INFO RE 76. TYPE OF ORGANIZATION ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one box. scribe collateral deleted or added, or give entire restated collates MENDMENT (SCURED PARTY OF RECORD AUTHORIZING THIS ANd as collateral or adds the authorizing Debtor, or if this is a Termination authorized a. ORGANIZATION'S NAME	FIRST NAME ASHLEY CITY PELHAM 7f. JURISDICTION OF ORGANIZATION eral description, or describe collateral MENDMENT (name of assignor, if this is a	MIDDLE N PARK STATE AL ON 7g. ORGA assigned.	NAME ER POSTAL CODE 35124 ANIZATIONAL ID #, if any	COUNTRY
CITY MAGE AND CITY AND	HANGED (NEW) OR ADDED INFORMATION: Ta. ORGANIZATION'S NAME Tb. INDIVIDUAL'S LAST NAME EVANS AILING ADDRESS 26 CAHABA MANOR TRAIL AX ID #: SSN OR EIN ADD'L INFO RE 76. TYPE OF ORGANIZATION ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one box. scribe collateral deleted or added, or give entire restated collate MENDMENT (SSN OR EIN ADD'L INFO RE 76. TYPE OF ORGANIZATION ORGANIZATI	FIRST NAME ASHLEY CITY PELHAM 7f. JURISDICTION OF ORGANIZATION eral description, or describe collateral MENDMENT (name of assignor, if this is a	MIDDLE N PARK STATE AL ON 7g. ORGA assigned.	AME ER POSTAL CODE 35124 ANIZATIONAL ID #, if any	COUNTRY