A. NAME & PHONE OF CONTACT AT FILER [optional] T. Tarbert/205.226.1907 B. SEND ACKNOWLEDGMENT TO: (Name and Address)			20090925000366650 1/1 \$.00 Shelby Cnty Judge of Probate, AL		
ALABAMA POWER CO 600 NORTH 18TH STRI BIRMINGHAM, AL 352	EET		09/25/2	009 10:44:18 AM	FILED/CER i
a. INITIAL FINANCING STATEMENT FILE#	ELBY	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.			
. TERMINATION: Effectiveness of the	Financing Statement identified above	is terminated with respect to security interest(s) of			ation Statement.
. CONTINUATION: Effectiveness of the continued for the additional period provi		ove with respect to security interest(s) of the Sec	cured Party author	orizing this Continuation S	Statement is
		address of assignee in item 7c; and also give nan	ne of assignor in	item 9.	
		ebtor or Secured Party of record. Check or			
Also check one of the following three boxes a	and provide appropriate information in	items 6 and/or 7.			Za or Zh. and alaa
CHANGE name and/or address: Give cu name (if name change) in item 7a or 7b a	rrent record name in item 6a or 6b; als and/or new address (if address change	so give new DELETE name: Give record to be deleted in item 6a or 6b		D name: Complete item 7 m 7c; also complete items	
. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME					+. · · · · · · · · · · · · · · · · · · ·
Oa. OROMNIZATION O NAME					
6b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
ROBINSON		LARRY			
3		:	<u> </u>		
CHANGED (NEW) OR ADDED INFORMA	ATION:				
. CHANGED (NEW) OR ADDED INFORMA 7a. ORGANIZATION'S NAME	ATION:			<u> </u>	
7a. ORGANIZATION'S NAME	ATION:		IMIDDLE	NIA NAE	QUEELY
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME	ATION:	FIRST NAME DELII AH	MIDDLE	NAME	SUFFIX
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME ROBINSON	ATION:	DELILAH			SUFFIX
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME ROBINSON MAILING ADDRESS	ATION:	DELILAH	MIDDLE STATE AL	NAME POSTAL CODE 35115	
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME ROBINSON c. MAILING ADDRESS 4264 HIGHWAY 18 d. TAX ID #: SSN OR EIN ADD'L INFO RI	E 7e. TYPE OF ORGANIZATION	DELILAH	STATE AL	POSTAL CODE	COUNTRY
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME ROBINSON MAILING ADDRESS 4264 HIGHWAY 18	E 7e. TYPE OF ORGANIZATION	DELILAH CITY MONTEVALLO	STATE AL	POSTAL CODE 35115	COUNTRY
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