	S STATEMENT AMENDMEN S (front and back) CAREFULLY ONTACT AT FILER [optional]					
ANICE RUFFIN/2	05.226.1902					
3. SEND ACKNOWLEDG	MENT TO: (Name and Address)		Pf.J. American			
ALABAMA	POWER COMPANY			 		
	18TH STREET		2009110200040	000408030 1/1 \$.00		
BIKWIINGII	AM, AL 35291		^{Shelby} Cnty j 11/02/2009 11	ludge o	11 \$.00 f Probate, AL	
				:08:24	f Probate, AL AM FILED/CERT	
		<u></u>	THE ABOVE SPA	CE IS FO	R FILING OFFICE US	EONLY
I. INITIAL FINANCING STAT	TEMENT FILE # 20050818000425950/SHE	ELBY		lo to t	s FINANCING STATEMEN be filed [for record] (or rec	
X TERMINATION: Eff	ectiveness of the Financing Statement identified above i	is terminated with respect to	o security interest(s) of the S		AL ESTATE RECORDS. rty authorizing this Termina	ation Statement.
CONTINUATION: E	Effectiveness of the Financing Statement identified about ional period provided by applicable law.					
		addross of essiance in item	7		· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	or partial): Give name of assignee in item 7a or 7b and INFORMATION): This Amendment affects De		ty of record. Check only one			
	ving three boxes and provide appropriate information in i	<u> </u>	ty or to cord. One or only one	g Of these	IWO DOXES.	
CHANGE name and/or name (if name change)	address: Give current record name in item 6a or 6b; als in item 7a or 7b and/or new address (if address change	DELET s) in item 7c.	TE name: Give record name deleted in item 6a or 6b.		DD name: Complete item	7a or 7b, and als 3 7d-7g (if applica
CURRENT RECORD IN			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
Da. ORGANIZATION S IV	MINIE					
6b. INDIVIDUAL'S LAST NAME STINE		FIRST NAME ROBERT		MIDDLE NAME SUFFIX		
				ROY		
CHANGED (NEW) OR AI				···		
7a. ORGANIZATION S IN	MIVIC					
7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX
STINE		SHARON		GRAHAM		
MAILING ADDRESS 3111 CHESTNUT OAKS DR		BIRMINGHAM		STATE	POSTAL CODE 35244	COUNTRY
. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZ		7f. JURISDICTION OF C		<u> </u>	ANIZATIONAL ID #, if any	<u></u>
	ORGANIZATION DEBTOR				•	
·	TERAL CHANGE): check only one box.					1,7
Describe collateral del-	eted or added, or give entire restated collater.	al description, or describe	collateral assigned.			
NAME OF SECURED I	PARTY OF RECORD AUTHORIZING THIS AME outhorizing Debtor, or if this is a Termination authorized	ENDMENT (name of assignments)	gnor, if this is an Assignment and enter name of DEBT). If this is OR autho	an Amendment authorized	l by a Debtor wh
NAME OF SECURED Is adds collateral or adds the a 9a. ORGANIZATION'S NA	uthorizing Debtor, or if this is a Termination authorized	ENDMENT (name of assignment) by a Debtor, check here	gnor, if this is an Assignment and enter name of DEBT). If this is OR autho	an Amendment authorized rizing this Amendment.	by a Debtor wh
adds collateral or adds the a	uthorizing Debtor, or if this is a Termination authorized	ENDMENT (name of assignment)	gnor, if this is an Assignment and enter name of DEBT). If this is OR autho	an Amendment authorized rizing this Amendment.	by a Debtor wh