OL (,	C FINANCING STATEMENT AMEND LOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional] RUFFIN/205.226.1902 SEND ACKNOWLEDGMENT TO: (Name and Address)  ALABAMA POWER COMPANY 600 NORTH 18TH STREET BIRMINGHAM, AL 35203		20091118000428490 1/ Shelby Cnty Judge of 11/18/2009 09:52:34	1 \$.00 Probate, AL
			THE ABOVE SPACE IS FOR FILING OFFICE U	JSE ONLY
i. I	NITIAL FINANCING STATEMENT FILE # 2009052200019390	00/SHELBY	1b. This FINANCING STATEM to be filed [for record] (or re	
5	TERMINATION: Effectiveness of the Financing Statement identifi		REAL ESTATE RECORDS urity interest(s) of the Secured Party authorizing this Term	
	CONTINUATION: Effectiveness of the Financing Statement ide			
<b>"</b>	continued for the additional period provided by applicable law.  ASSIGNMENT (full or partial): Give name of assignee in item 7a	or 7h and address of assissment in them 7.	and also aive name of assismenting its 0	
	ASSIGNMENT (full or partial): Give name of assignee in item 7a  MENDMENT (PARTY INFORMATION): This Amendment affects		and also give name of assignor in item 9. record. Check only <u>one</u> of these two boxes.	
A	Iso check one of the following three boxes and provide appropriate info	rmation in items 6 and/or 7.		
	CHANGE name and/or address: Give current record name in item 6a name (if name change) in item 7a or 7b and/or new address (if address	a or 6b; also give new DELETE nates change) in item 7c. to be deleted	me: Give record name ADD name: Complete iter d in item 6a or 6b. item 7c; also complete iter	m 7a or 7b, and als ms 7d-7g (if applica
	CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
	Va. ONGANIZATION O NAME			
	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	CHESTANG	ALFRED	S.	JR.
	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	·		······
	78. ONGARIZATION O NAME			
	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	CHESTANG	KUKLA	······································	
	MAILING ADDRESS 16 CARRINGTON LN	CALERA	STATE POSTAL CODE  AL 35040	COUNTRY
	TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZA			nv
	ORGANIZATION ' DEBTOR			
•	escribe collateral deleted or added, or give entire restate	ed conateral description, or describe cons	ateral Massigned.	
1(	AME OF SECURED PARTY OF RECORD AUTHORIZING To the collateral or adds the authorizing Debtor, or if this is a Termination of the collateral ON AND AND AND AND AND AND AND AND AND AN			ed by a Debtor whi
ac	dds collateral or adds the authorizing Debtor, or if this is a Termination a			ed by a Debtor whi