	CC FINANCING		ENTAMENDMEN CAREFULLY	T		Chalby	05000002640 1/1 \$ Cnty Judge of Pr 2010 11:04:48 AM	Obate, be
	NAME & PHONE OF CO		ER [optional]			01/05/	2010 11:04:48 Hi	1 <u> </u>
	RUFFIN/205.226. SEND ACKNOWLEDGE	······································	e and Address)					
	ALABAMA I 600 NORTH BIRMINGHA	POWER CON 18TH STREE	MPANY ET					
a. I	INITIAL FINANCING STATE	EMENT FILE#			THE ABOVE S		OR FILING OFFICE US	
[091217000462370/SHEI	LBY		r to	be filed [for record] (or record)	•
5	X TERMINATION: Effe	ectiveness of the Fir	nancing Statement identified above is	terminated with	respect to security interest(s) of the			tion Statement.
	CONTINUATION: E continued for the addition		Financing Statement identified aboved by applicable law	e with respect t	o security interest(s) of the Secur	ed Party auti	norizing this Continuation S	tatement is
Ţ				MARAH '	on in itom 7		n itaan O	
			ne of assignee in item 7a or 7b and a): This Amendment affects Deb	·····	nee in item 7c; and also give name cured Party of record. Check only			
			provide appropriate information in ite	h	cured marty or record. Check only	one or mese	two boxes.	
٢	CHANGE name and/or a	address: Give curre	ent record name in item 6a or 6b; also d/or new address (if address change)	give new	DELETE name: Give record na to be deleted in item 6a or 6b.		DD name: Complete item 7 em 7c; also complete items	a or 7b, and als
	CURRENT RECORD INF		aroi fiew address (ii address change)	mileni76,	to be deleted in Rein oa of ob.	<u> </u>	em /c; also complete items	70-7g (if applic
	6a. ORGANIZATION'S NA	AME		·····			······································	······
₹		,						
`	DO TOTO A			FIRST NAME		MIDDLE	NAME	SUFFIX
PORTERA			ROBERT		E .			
	7a. ORGANIZATION'S NA		ION:		······································	····		
R	7b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE	NAME	SUFFIX
				JEAN		S.		
	PORTERA					STATE	POSTAL CODE	COUNTR
	PORTERA MAILING ADDRESS			CITY		JOINIE	1	
. 1		BEY		ALABA	STER	AL	35007	
1	MAILING ADDRESS		7e. TYPE OF ORGANIZATION	ALABA	STER TION OF ORGANIZATION	AL	35007 SANIZATIONAL ID #, if any	
1	MAILING ADDRESS 121 SELWYN AB TAX ID #: SSN OR EIN AMENDMENT (COLLA	ADD'L INFO RE ORGANIZATION DEBTOR TERAL CHANGE	E): check only <u>one</u> box.	ALABA 7f. JURISDIC	TION OF ORGANIZATION	AL 7g. ORG		
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. 1 . Na	MAILING ADDRESS 121 SELWYN AB TAX ID #: SSN OR EIN AMENDMENT (COLLA- Describe collateral dele AMENDMENT (COL	ADD'L INFO RE ORGANIZATION DEBTOR TERAL CHANGE added, add	E): check only one box. or give entire restated collatera ORD AUTHORIZING THIS AME or if this is a Termination authorized by	ALABA 7f. JURISDIC I description, or NDMENT (nare) y a Debtor, check	ne of assignor, if this is an Assignment and enter name of DE	and and an analysis of the second sec	SANIZATIONAL ID #, if any orizing this Amendment.	
N a N a	MAILING ADDRESS 121 SELWYN AB TAX ID #: SSN OR EIN AMENDMENT (COLLA- Describe collateral dele AMENDMENT (COL	ADD'L INFO RE ORGANIZATION DEBTOR TERAL CHANGE added, add	E): check only one box. or give entire restated collatera ORD AUTHORIZING THIS AME or if this is a Termination authorized by	ALABA 7f. JURISDIC	ne of assignor, if this is an Assignment and enter name of DE	AL 7g. ORG	SANIZATIONAL ID #, if any orizing this Amendment.	