-OI A. J.	CC FINANCING STATEMENT AMENDME LLOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional] RUFFIN/205.226.1902 SEND ACKNOWLEDGMENT TO: (Name and Address)		201002020000033290 1/1 \$.00 Shelby Cnty Judge of Probate 02/02/2010 02:31:04 PM FILED	, AL
	I ALABAMA POWER COMPANY 600 NORTH 18TH STREET BIRMINGHAM, AL 35203			CEK!
•		THE ABOV	VE SPACE IS FOR FILING OFFICE US	
ıa.	INITIAL FINANCING STATEMENT FILE # 200808008000320030/S	SHELBY	1b. This FINANCING STATEMENT to be filed [for record] (or record) REAL ESTATE RECORDS.	
2.	★ TERMINATION: Effectiveness of the Financing Statement identified above) of the Secured Party authorizing this Termina	
3. [CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law.	above with respect to security interest(s) of the S	Secured Party authorizing this Continuation 5	Statement is
1.	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b a	nd address of assignee in item 7c; and also give i	name of assignor in item 9.	
	!!	Debtor or Secured Party of record. Check	only one of these two boxes.	
	Also check one of the following three boxes and provide appropriate information CHANGE name and/or address: Give current record name in item 6a or 6b;		ord name	7a or 7b. and also
	CHANGE name and/or address: Give current record name in item 6a or 6b; name (if name change) in item 7a or 7b and/or new address (if address char CURRENT RECORD INFORMATION:	nge) in item 7c. to be deleted in item 6a or		7d-7g (if applicat
•	6a. ORGANIZATION'S NAME			
R	,			
IX.	6b. INDIVIDUAL'S LAST NAME SMITHERMAN	FIRST NAME JOY	MIDDLE NAME	SUFFIX
		JUI	ANN	
, (CHANGED (NEW) OR ADDED INFORMATION:			
	7a. ORGANIZATION'S NAME			
.0				
R		FIRST NAME	MIDDLE NAME	SUFFIX
· · · · · · · · · · · · · · · · · · ·	7b. INDIVIDUAL'S LAST NAME			
;. i	7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS	CITY	STATE POSTAL CODE	SUFFIX
c. i	7b. INDIVIDUAL'S LAST NAME		STATE POSTAL CODE	COUNTRY
. 1	7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 241 DOYLE DR TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR DEBTOR	CITY MONTEVALLO	STATE POSTAL CODE AL 35115	COUNTRY
i.	MAILING ADDRESS 241 DOYLE DR TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated colla	CITY MONTEVALLO 7f. JURISDICTION OF ORGANIZATION atteral description, or describe collateral ass	STATE POSTAL CODE AL 35115 7g. ORGANIZATIONAL ID #, if any	COUNTRY
	TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral added ad	CITY MONTEVALLO 7f. JURISDICTION OF ORGANIZATION atteral description, or describe collateral ass assume the second of the seco	STATE POSTAL CODE AL 35115 7g. ORGANIZATIONAL ID #, if any signed.	COUNTRY
N a	MAILING ADDRESS 241 DOYLE DR TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated colla	CITY MONTEVALLO 7f. JURISDICTION OF ORGANIZATION atteral description, or describe collateral ass assume the second of the seco	STATE POSTAL CODE AL 35115 7g. ORGANIZATIONAL ID #, if any signed.	COUNTRY
i. Na	MAILING ADDRESS 241 DOYLE DR TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral restated collateral deleted or added, or give entire restated collateral deleted or added, or give entire restated collateral deleted or added, or give entire restated collateral added	CITY MONTEVALLO 7f. JURISDICTION OF ORGANIZATION atteral description, or describe collateral ass assume the second of the seco	STATE POSTAL CODE AL 35115 7g. ORGANIZATIONAL ID #, if any signed.	COUNTRY