	CC FINANCING STATEMENT AMENDMEN LLOW 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				000184130 1/1 \$.00		
			Shelby Cnty	Judge	of Probate, AL	
			06/10/2010 1	1:10:5	9 AM FILED/CERT	
			THE ABOVE SPA	CE IS F	OR FILING OFFICE U	SE ONLY
	INITIAL FINANCING STATEMENT FILE # 20091009000383610/SHE	LBY		n to	is FINANCING STATEME be filed (for record) (or re	corded) in the
1	★ TERMINATION: Effectiveness of the Financing Statement identified above in	s terminated with respect to s	ecurity interest(s) of the S		EAL ESTATE RECORDS.	
į	CONTINUATION: Effectiveness of the Financing Statement identified abo					
	continued for the additional period provided by applicable law.			. wrsy avu	Continuation	ATOTOTIVE 12
	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	address of assignee in item 7	c; and also give name of	assignor in	n item 9.	
			of record. Check only on			·····
	Also check one of the following three boxes and provide appropriate information in i	land .	on to ook and any one	<u>.</u> 0. 1.1030	THO DOXES.	
	CHANGE name and/or address: Give current record name in item 6a or 6b; als	o give new DELETE	name: Give record name		DD name: Complete item	n 7a or 7b, and a
	name (if name change) in item 7a or 7b and/or new address (if address change CURRENT RECORD INFORMATION:) in item 7c. Leto be dele	eted in item 6a or 6b.	it	em 7c; also complete iten	ns 7d-7g (if appli
	6a. ORGANIZATION'S NAME		······································		· · · · · · · · · · · · · · · · · · ·	
	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	· · · · · · · · · · · · · · · · · · ·	MIDDLE	NAME	SUFFIX
	ROGERS	AUDREY		LYN		
	CHANGED (NEW) OR ADDED INFORMATION:			2711		
	7a. ORGANIZATION'S NAME	······································	···		· · · · · · · · · · · · · · · · · · ·	
	7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME		SUFFIX
	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTE
	128 CARRINGTON LN	CALERA		AL	35040	COOKIT
	TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF OR	GANIZATION		SANIZATIONAL ID #, if an	<u> </u>
	ORGANIZATION '		O/MIL/MION	rg. One	PANIZATIONAL ID #, II an	'Y
	DEBTOR					
	MENDMENT (COLLATERAL CHANGE): check only one box.		,			
	escribe collateral deleted or added, or give entire restated collatera	al description, or describe co	ollateral assigned.			
	IAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME	ENDMENT (name of assigno	or, if this is an Assignmen	t). If this is	s an Amendment authorize	ed by a Debtor w
	dds collateral or adds the authorizing Debtor, or if this is a Termination authorized l	ENDMENT (name of assigno	or, if this is an Assignmen and enter name of DEBT	t). If this is OR autho	s an Amendment authorize orizing this Amendment.	ed by a Debtor w
	dds collateral or adds the authorizing Debtor, or if this is a Termination authorized I 9a. ORGANIZATION'S NAME	ENDMENT (name of assigno	or, if this is an Assignmen and enter name of DEBT	t). If this is	s an Amendment authorize orizing this Amendment.	ed by a Debtor w
	IAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME dds collateral or adds the authorizing Debtor, or if this is a Termination authorized I 9a. ORGANIZATION'S NAME ALABAMA POWER COMPANY 9b. INDIVIDUAL'S LAST NAME	ENDMENT (name of assigno	or, if this is an Assignmen and enter name of DEBT	t). If this is	s an Amendment authorize orizing this Amendment.	ed by a Debtor wi