	NS (front and back) CAREFULLY CONTACT AT FILER [optional] 6.1902					
ALABAMA POWER COMPANY 600 NORTH 18TH STREET BIRMINGHAM, AL 35203			20100610000184150 1/1 \$.00 Shelby Cnty Judge of Probate, AL 06/10/2010 11:11:01 AM FILED/CERT			
			THE ABOVE SP	ACE IS F	OR FILING OFFICE USI	E ONLY
a. INITIAL FINANCING STA	ATEMENT FILE # 20060407000160780/S	HELBY	1b. This FINANCING STATEMENT AMENDMENT to be filed [for record] (or recorded) in the			
TERMINATION: 1	ffectiveness of the Financing Statement identified ab	ove is terminated with respect to	security interest(s) of the		EAL ESTATE RECORDS. arty authorizing this Termina	tion Statement.
CONTINUATION:	Effectiveness of the Financing Statement identified litional period provided by applicable law.					
	or partial): Give name of assignee in item 7a or 7b	and address of assignee in item	7c: and also give name of	assignor i	n item 9	······································
. <u></u>	Y INFORMATION): This Amendment affects		y of record. Check only o			
Also check one of the follo	owing three boxes <u>and</u> provide appropriate informatio	n in items 6 and/or 7.				
CHANGE name and/oname (if name change)	or address: Give current record name in item 6a or 6th and the core of the cor	o; also give new DELET ange) in item 7c. to be d	E name: Give record nam eleted in item 6a or 6b.		DD name: Complete item 7 em 7c; also complete items	a or 7b, and als 7d-7g (if applica
6a. ORGANIZATION'S				·	· · · · · · · · · · · · · · · · · · ·	
6b. INDIVIDUAL'S LAST NAME		FIRST NAME			MIDDLE NAME SUFFIX	
ALLEN		MICHAEL	MICHAEL		S.	
7a. ORGANIZATION'S	ADDED INFORMATION: NAME		······································			
7b. INDIVIDUAL'S LAST NAME		FIRST NAME	FIRST NAME		MIDDLE NAME	
ALLEN		KATHY	KATHY		M.	
MAILING ADDRESS 10 COUNTRY HILLS RD		MONTEVALLO		STATE	POSTAL CODE 35115	COUNTR
TO COUNTRY F					GANIZATIONAL ID #, if any	
	1	Į.				
TAX ID #: SSN OR EIN	ORGANIZATION DEBTOR					
AMENDMENT (COLL Describe collateral describe)	ORGANIZATION DEBTOR ATERAL CHANGE): check only one box. eleted or added, or give entire restated col					
TAX ID #: SSN OR EIN AMENDMENT (COLL Describe collateral describe collateral describe)	ORGANIZATION DEBTOR ATERAL CHANGE): check only one box.	AMENDMENT (name of assig	gnor, if this is an Assignme			by a Debtor wh
AMENDMENT (COLL Describe collateral describe)	ORGANIZATION DEBTOR ATERAL CHANGE): check only one box. eleted or added, or give entire restated col	AMENDMENT (name of assig	gnor, if this is an Assignme			by a Debtor wh
NAME OF SECURED adds collateral or adds the 9a. ORGANIZATION'S	ORGANIZATION DEBTOR ATERAL CHANGE): check only one box. eleted or added, or give entire restated col PARTY OF RECORD AUTHORIZING THIS authorizing Debtor, or if this is a Termination author NAME OWER COMPANY	AMENDMENT (name of assig	gnor, if this is an Assignme		orizing this Amendment.	by a Debtor wh