NAME & PHONE OF CONTACT AT FILER [optional] RUFFIN/205.226.1902			
SEND ACKNOWLEDGMENT TO: (Name and Address)			
ALADAMA DOWED COMDANIX	201006		
ALABAMA POWER COMPANY 600 NORTH 18TH STREET	Shelby	10000184170 1/1 \$.00 Cnty Judge of Probate, AL	
BIRMINGHAM, AL 35203	06/10/	2010 11:11:03 AM FILED/CERT	
1			
INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATEM	
20061227000626		to be filed [for record] (or re REAL ESTATE RECORDS	ecorded) in the
★ TERMINATION: Effectiveness of the Financing Statement iden		t(s) of the Secured Party authorizing this Term	ination Statement.
CONTINUATION: Effectiveness of the Financing Statement is continued for the additional period provided by applicable law.	dentified above with respect to security interest(s) of the	ne Secured Party authorizing this Continuation	Statement is
ASSIGNMENT (full or partial): Give name of assignee in item 7	7a or 7b and address of assignee in item 7c; and also on	ve name of accionor in item 0	
AMENDMENT (PARTY INFORMATION): This Amendment af		eck only one of these two boxes.	
Also check one of the following three boxes and provide appropriate in		eck only <u>one</u> of these two boxes.	
CHANGE name and/or address: Give current record name in item name (if name change) in item 7a or 7b and/or new address (if add	6a or 6b; also give new DELETE name: Give redress change) in item 7c. to be deleted in item 6a		n 7a or 7b, and als
CURRENT RECORD INFORMATION:	iless change) in item 70. Link be deleted in item 08	or 6b. item 7c; also complete iter	ns /d-/g (if applica
6a. ORGANIZATION'S NAME			
6b. INDIVIDUAL'S LAST NAME	I mark to a second seco		
HENSON	FIRST NAME STEPHEN	MIDDLE NAME	SUFFIX
	SILIILIA	D.	
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	······································	······································
			Jan Jeens
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
			SUFFIX
MAILING ADDRESS	CITY	STATE POSTAL CODE	
MAILING ADDRESS 35 MOUNTAIN LAUREL CT	CITY BIRMINGHAM	STATE POSTAL CODE AL 35244	COUNTRY
MAILING ADDRESS 35 MOUNTAIN LAUREL CT TAX ID #: SSN OR EIN ADD'L INFO RE 79. TYPE OF ORGANION ORGANIZATION	CITY BIRMINGHAM	STATE POSTAL CODE AL 35244	COUNTRY
IAILING ADDRESS 35 MOUNTAIN LAUREL CT AX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANION DEBTOR ADDRESS ADDRES	CITY BIRMINGHAM IZATION 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35244	COUNTRY
AILING ADDRESS 35 MOUNTAIN LAUREL CT AX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANION ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one bcx.	CITY BIRMINGHAM IZATION 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35244 7g. ORGANIZATIONAL ID #, if an	COUNTR
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