SEND ACKNOWLEDGMENT TO: (Name and Address)  ALABAMA POWER COMPANY 600 NORTH 18TH STREET BIRMINGHAM, AL 35203  THE ABOVE SPACE IS FOR FILLING OFFICE USE ONLY  INITIAL FINANCING STATEMENT FILE 8  201006100001 H3 190 111 11 1: 05 AM FILED/CERT  THE ABOVE SPACE IS FOR FILLING OFFICE USE ONLY  INITIAL FINANCING STATEMENT FILE 8  20080702000268480/SHELBY  THE ABOVE SPACE IS FOR FILLING OFFICE USE ONLY  ITHE THIS FINANCING STATEMENT AMENDME REAL ESTATE RECORDS.  CONTINUATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Continuation Statement according for the Additional period provided by applicable law.  ASSIGNMENT (full or partial): Give name of assignee in fem 7 or 7 b and address of assignee in fem 7c, and also give name of assignor in Aem 9.  AMENDMENT (PARTY INFORMATION): This Amendment affects	LLOW INSTRUCTIONS (front and back) CAREFULLY  NAME & PHONE OF CONTACT AT FILER [optional]			
ALABAMA POWER COMPANY 600 NORTH 18TH STREET BIRMINGHAM, AL 35203	RUFFIN/205.226.1902			
BIRMINGHAM, AL 35203  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE	. SEND ACKNOWLEDGMENT TO: (Name and Address)			
BIRMINGHAM, AL 35203  2011006 100001 190001 1913 19 17 1 \$ .00 Shelby Cnty Judge of Probate AL 06/10/2010 11:11:05 AM FILED/CERT  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY INITIAL FINANCING STATEMENT FILE#  20080702000268480/SHELBY  10. This FINANCING STATEMENT AMENDME PRAB. ESTATE RECORDING.  TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement is confined for the additional period provided by applicable law.  ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c. and also give name of assignor in item 9.  AMENDMENT (Party INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only ong of these two boxes.  Name of the following three boxes and provide appropriate information in items 6 and/or 7.  CHANGE name and/or address: Give current record name in item 8a or 6b; also give new manuel for the following three houses and provide appropriate information in terms 6 and/or 7.  CHANGE name and/or address: Give current record name in item 8a or 6b; also give new manuel finance happing interin 3a or 7b and address (if address change) in item 7a or 7b, and a fame (if name thapping interin 3a or 7b are discrimented in item 6a or 6b.  UNREASH RECORD INFORMATION:  6a. ORGANIZATION'S NAME  BARBARA  MIDDLE NAME  SUFFIX  HALE  LARRY  MIDDLE NAME  SUFFIX  STATE POSTAL CODE  COUNTI  7a. ORGANIZATION AAL  3518W HIRLAWAY CIR  FIRST NAME  HALE  MILLIANA  AL 35080  7g. ORGANIZATIONAL ID #, if any DEFIX  MENDMENT (COLLATERAL CHANGE): check only ong box.	ALABAMA POWER COMPANY			
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY    THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY   THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY   THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY   THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY   This FINANCING STATEMENT AMENDME   20080702000268480/SHELBY				
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  INITIAL FINANCING STATEMENT FILE #  20080702000268480/SHELBY  To be filed for record (or recorded) in the REAL ESTATE RECORDS.  TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.  ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c. and also give name of assigner in item 9.  AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only age of these two boxes. Name of the following three boxes again provide appropriate information in items 5 and/or 7.  CHANGE name endors address: Give current record name in fem 8a or 6b; also give new new fame (and party in items 7a. are 7b and/or new address (fladdress change) in item 7a or 7b and 2 not provide appropriate informations.  CHANGE name endors address: Give current record name in fem 8a or 6b; also give new new to be deleted in item 8a or 6b.  CURRENT RECORD INFORMATION:  Ba. ORGANIZATION'S NAME  FIRST NAME  BARBARA  MIDDLE NAME  SUFFIX  TALE  BARBARA  MIDDLE NAME  SUFFIX  STATE POSTAL CODE  CONTINUATION AND POSTAL CODE  CONTINUA	DIKWIINGHAWI, AL 33203			
INITIAL FINANCING STATEMENT FILE#  ### 20080702000268480/SHELBY    10. This FINANCING STATEMENT AMENDME   10. This FINANCING STATEMENT AMENDMENT (COLLATERAL CATALAN AL   20. ACCOUNTY AMENDMENT (FORMATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement is continued for the additional period provided by applicable law.    ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c: and also give name of assignor in item 9.    AMENDMENT (PARTY INFORMATION): This Amendment affects   Debtor or   Secured Party of record. Check only gng of these two boxes.    AMENDMENT (PARTY INFORMATION): This Amendment affects   Debtor or   Secured Party of record. Check only gng of these two boxes.    AMENDMENT (PARTY INFORMATION): This Amendment affects   Debtor or   Secured Party of record. Check only gng of these two boxes.    AMENDMENT (PARTY INFORMATION): This Amendment affects   Debtor or   Secured Party of record. Check only gng of these two boxes.    AMENDMENT (PARTY INFORMATION): This Amendment affects   Debtor or   Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.    AMENDMENT (PARTY INFORMATION: This Amendment affects   Debtor or   Secured Party authorizing this Continuation Statement is continued for the additional period party authorizing this Continuation Statement is continued for the additional period party authorizing this Continuation Statement is continued for the additional period party authorizing this Continuation Statement is contin				
INITIAL FINANCING STATEMENT FILE#  ### 20080702000268480/SHELBY    10. This FINANCING STATEMENT AMENDME   10. This FINANCING STATEMENT AMENDMENT (COLLATERAL CATALAN AL   20. ACCOUNTY AMENDMENT (FORMATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement is continued for the additional period provided by applicable law.    ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c: and also give name of assignor in item 9.    AMENDMENT (PARTY INFORMATION): This Amendment affects   Debtor or   Secured Party of record. Check only gng of these two boxes.    AMENDMENT (PARTY INFORMATION): This Amendment affects   Debtor or   Secured Party of record. Check only gng of these two boxes.    AMENDMENT (PARTY INFORMATION): This Amendment affects   Debtor or   Secured Party of record. Check only gng of these two boxes.    AMENDMENT (PARTY INFORMATION): This Amendment affects   Debtor or   Secured Party of record. Check only gng of these two boxes.    AMENDMENT (PARTY INFORMATION): This Amendment affects   Debtor or   Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.    AMENDMENT (PARTY INFORMATION: This Amendment affects   Debtor or   Secured Party authorizing this Continuation Statement is continued for the additional period party authorizing this Continuation Statement is continued for the additional period party authorizing this Continuation Statement is continued for the additional period party authorizing this Continuation Statement is contin				
TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement is continued for the additional period provided by applicable law.  ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c. and also give name of assignor in item 9.  AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor of Secured Party of record. Check only one of these two boxes.  ASSIGNMENT (full or partial): Give name of assignor in item 9.  AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor of Secured Party of record. Check only one of these two boxes.  ASSIGNMENT (full or partial): Give name of assignor in item 9.  AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor of Secured Party of record. Check only one of these two boxes.  ASSIGNMENT (full or partial): Give name of assignor in item 9.  AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor of Secured Party of record. Check only one of these two boxes.  ASSIGNMENT (full or partial): Give name of assignor in item 9.  AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor of Total and or 7b and/or address. Give current record name in item 6a or 6b: also give new observed.  Change and provide affects of the address. Give current record name in item 6a or 6b: also give new observed.  ADD name: Complete item 7a or 7b, and or 7b and/or new address (if address change) in item 7c.  DELETE name: Give record name in item 6a or 6b: also give record name in item 6a or 6b: also give record name in item 6a or 6b: also give record name in item 7a or 7b and/or new address (if address change) in item 7c.  BARBARA  HALLE  BARBARA  MIDDLE NAME  STATE POSTAL CODE COUNTINE ALL 10 AL	INITIAL SINIANCINIC CTATEMENT CU E #	THE ABOV		
CONTINUATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement is continued for the additional period provided by applicable law.  ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c, and also give name of assignor in item 9.  AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.  AND check ong of the following three boxes and provide appropriate information in items 6 and/or 7.  CHANGE name and/or address: Give current record name in item 6a or 6b; also give new rame (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.  CHANGE name and/or address: Give current record name in item 6a or 6b; also give new rame (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.  CHANGE name and/or address: Give current record name in item 6a or 6b; also give new rame (if name change) in item 7c; also complete item 7c; also complete items 7d-7g (if applications) in item 6a or 6b.  CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME  HALE  HALE  BARBARA  MIDDLE NAME  SUFFIX  FIRST NAME  LARRY  CITY  STATE  AL  35080  To, INDIVIDUAL'S LAST NAME  HALE  LARRY  TAX ID #: SSN OR EIN ADDL INFO RE ORGANIZATION DEBTOR  AND INFORMATION INFORMATION To, If any DEBTOR  MENDMENT (COLLATERAL CHANGE): check only one box.		IELBY		
CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.  ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c, and also give name of assignor in item 9.  AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Associated one of the following three boxes and provide appropriate information in items 6 and/or 7.  CHANGE name and/or address: Give current record name in item 6a or 6b is also give name of assignor in item 9.  ADD name: Complete item 7a or 7b, and a control of 7b and defenses (if address change) in item 7c.  CHANGE name and/or address: Give current record name in item 6a or 6b is also give name of assignor in item 9.  ADD name: Complete item 7a or 7b, and a control of 7b and/or new address (if address change) in item 7c.  CHANGE name and/or address: Give current record name in item 6a or 6b.  CURRENT RECORD INFORMATION:  Ga. ORGANIZATION'S NAME  FIRST NAME BARBARA  MIDDLE NAME SUFFIX  HALE  JARRY  MIDDLE NAME SUFFIX  ALL  ALL  ALL  ALL  ASSIGNMENT POSTAL CODE COUNTINUE AND	★ TERMINATION: Effectiveness of the Financing Statement identified above	e is terminated with respect to security interest(s)		
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.  AMENDMENT (PARTY INFORMATION): This Amendment affects 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 in items 6 and/or 7.  CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name change) in item 7a or 7b and/or new address (if address change) in item 7c.  CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME  FIRST NAME BARBARA  MIDDLE NAME SUFFIX  HALE  JADD name: Complete items 7d-7g (if application of be deleted in item 6a or 6b.  SUFFIX  FIRST NAME BARBARA  MIDDLE NAME SUFFIX  LARRY  MIDDLE NAME SUFFIX  LARRY  MIDDLE NAME SUFFIX  HALE  MIDDLE NAME SUFFIX  HALE  MIDDLE NAME SUFFIX  HELENA  AL 35080  MENDMENT (COLLATERAL CHANGE): check only one box.	CONTINUATION: Effectiveness of the Financing Statement identified a			
AMENDMENT (PARTY INFORMATION): This Amendment affects 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 in items 6 and/or 7.  CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.  CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and 2 item 7c; also complete item 7a or 7b, and 2 item 7c; also complete item 7a or 7b and 2 item 7c; also comp				
ADD name: Complete item 7a or 7b, and a name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address. Give ourrent record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.    CHANGE name and/or address: Give ourrent record name in item 6a or 6b; also give new name (if name change) in item 7a; also complete item 7a or 7b, and a name (if name change) in item 7c; also complete item 7a or 7b, and a name (if name change) in item 7c; also complete item 7a or 7b, and a name (if name change) in item 7c; also complete item 7a or 7b, and a name (if name change) in item 7c; also complete item 7a or 7b, and a name (if name change) in item 7c; also complete item 7a or 7b, and a name (if name change) in item 7c.    CHANGE name and/or address: Give record name to be deleted in item 6a or 6b.    Individual's LAST NAME  HALE  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  HALE  MIDDLE NAME  SUFFIX  MIDDLE NAME  SUFFIX  LARRY  MIDDLE NAME  SUFFIX  LARRY  MIDDLE NAME  SUFFIX  STATE POSTAL CODE COUNTING ADDRESS  351 WHIRLAWAY CIR  TAX ID #: SSN OR EIN   ADDL INFO RE   7e. TYPE OF ORGANIZATION   7f. JURISDICTION OF ORGANIZATION   7g. ORGANIZATIONAL ID #, if any ORGAN				
CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in Item 7a or 7b and/or new address (if address change) in item 7c.  CURRENT RECORD INFORMATION:  Ba. ORGANIZATION'S NAME  6b. INDIVIDUAL'S LAST NAME  HALE  CHANGE (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  FIRST NAME  HALE  Change (New) OR ADDED INFORMATION:  7b. INDIVIDUAL'S LAST NAME  HALE  ALARRY  MIDDLE NAME  SUFFIX  SUFFIX  MIDDLE NAME  SUFFIX  MIDDLE NAME  SUFFIX  CITY  MAILING ADDRESS  351 WHIRLAWAY CIR  TAX ID #: SSN OR EIN ORGANIZATION ORGANIZAT	least to the second		only one of these two boxes.	
Tame (If name change) in Item 7a or 7b and/or new address (if address change) in Item 7c.  be deleted in item 6a or 6b.  item 7c; also complete items 7d-7g (if applicable) to be deleted in item 6a or 6b.  item 7c; also complete items 7d-7g (if applicable) to be deleted in item 6a or 6b.  item 7c; also complete items 7d-7g (if applicable) to be deleted in item 6a or 6b.  item 7c; also complete items 7d-7g (if applicable) to be deleted in item 6a or 6b.  item 7c; also complete items 7d-7g (if applicable) to be deleted in item 6a or 6b.  item 7c; also complete items 7d-7g (if applicable) to be deleted in item 6a or 6b.  item 7c; also complete items 7d-7g (if applicable) to be deleted in item 6a or 6b.  item 7c; also complete items 7d-7g (if applicable) to be deleted in item 6a or 6b.  item 7c; also complete items 7d-7g (if applicable) to be deleted in item 6a or 6b.  item 7c; also complete items 7d-7g (if applicable) to be deleted in item 6a or 6b.  item 7c; also complete items 7d-7g (if applicable) to be deleted in item 6a or 6b.  item 7c; also complete items 7d-7g (if applicable) to be deleted in item 6a or 6b.  item 7c; also complete items 7d-7g (if applicable) to be deleted in item 6a or 6b.  item 7c; also complete items 7d-7g (if applicable) to be deleted in item 6a or 6b.  item 7c; also complete items 7d-7g (if applicable) to be deleted in item 6a or 6b.  item 7c; also complete items 7d-7g (if applicable) to be deleted in item 6a or 6b.  item 7c; also complete items 7d-7g (if applicable) to be deleted in item 6a or 6b.  item 7c; also complete items 7d-7g (if applicable) and item 7c.  item 7c; also complete items 7d-7g (if applicable) and item 7c.  item 7c; also complete items 7d-7g (if applicable) and item 7c.  item 7c; also complete items 7d-7c; also complete items 7d-7g (if applicable) and item 7c; also complete items 7d-7g (if applicable) and item 7c; also complete items 7d-7g (if applicable) and item 7c; also complete items 7d-7g (if applicable) and item 7c; also complete items 7d-7g (if applicable) and	CHANGE name and/or address: Give current record name in item 6a or 6b.	also give new TIDELETE game: Give recor	d name - Complete i	item 7a or 7h, and al
66. INDIVIDUAL'S LAST NAME HALE BARBARA  FIRST NAME BARBARA  CHANGED (NEW) OR ADDED INFORMATION:  76. ORGANIZATION'S NAME  TOLLINDIVIDUAL'S LAST NAME HALE MAILING ADDRESS 351 WHIRLAWAY CIR TAX ID #: SSN OR EIN   ADD'L INFO RE ORGANIZATION ORGANIZATION ORGANIZATION   ORGANIZAT	name (if name change) in item 7a or 7b and/or new address (if address chan		item 7c; also complete	items 7d-7g (if applie
HALE  BARBARA  SUFFIX  BARBARA  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  HALE  MAILING ADDRESS  ADDIL INFO RE ORGANIZATION OR		······································		······································
HALE  BARBARA  SUFFIX  BARBARA  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  HALE  MAILING ADDRESS  ADDIL INFO RE ORGANIZATION OR				
CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  HALE  MAILING ADDRESS  MAILING ADDRESS  351 WHIRLAWAY CIR  TAX ID #: SSN OR EIN   ADD'L INFO RE ORGANIZATION DEBTOR   7e. TYPE OF ORGANIZATION DEBTOR   7f. JURISDICTION OF ORGANIZATION DEBTOR   7g. ORGANIZATIONAL ID #, if any ORGANIZA				
76. INDIVIDUAL'S LAST NAME  HALE  MAILING ADDRESS  GITY  HELENA  TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR  MENDMENT (COLLATERAL CHANGE): check only one box.	DO. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7b. INDIVIDUAL'S LAST NAME  HALE  MAILING ADDRESS  CITY  STATE POSTAL CODE COUNTY  HELENA  TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR  ADD'L INFO RE ORGANIZATION DEBTOR  MENDMENT (COLLATERAL CHANGE): check only one box.	60. INDIVIDUAL'S LAST NAME	į.	MIDDLE NAME	SUFFIX
HALE  MAILING ADDRESS  CITY  STATE POSTAL CODE COUNTY  AL 35080  TAX ID #: SSN OR EIN ORGANIZATION DEBTOR  MENDMENT (COLLATERAL CHANGE): check only one box.	HALE CHANGED (NEW) OR ADDED INFORMATION:	į.	MIDDLE NAME	SUFFIX
HALE  MAILING ADDRESS  CITY  HELENA  TAX ID #: SSN OR EIN ORGANIZATION DEBTOR  MENDMENT (COLLATERAL CHANGE): check only one box.	HALE	į.	MIDDLE NAME	SUFFIX
TAX ID #: SSN OR EIN ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR TO THE OSTAL CODE OF TAX ID #: SSN OR EIN ORGANIZATION	HALE CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME	BARBARA		
TAX ID #: SSN OR EIN ADD'L INFO RE   7e. TYPE OF ORGANIZATION   7f. JURISDICTION OF ORGANIZATION   7g. ORGANIZATIONAL ID #, if any DEBTOR   1. JURISDICTION OF ORGANIZATION   7g. ORGANIZATIONAL ID #, if any OMENDMENT (COLLATERAL CHANGE): check only one box.	HALE CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME	BARBARA  FIRST NAME		
ORGANIZATION DEBTOR DEBTOR DECK only one box.	HALE CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  HALE	BARBARA  FIRST NAME  LARRY	MIDDLE NAME	SUFFIX
MENDMENT (COLLATERAL CHANGE): check only <u>one</u> box.	HALE CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  HALE MAILING ADDRESS	BARBARA  FIRST NAME  LARRY  CITY	MIDDLE NAME  STATE POSTAL CODE	SUFFIX
•	HALE CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  HALE MAILING ADDRESS  1351 WHIRLAWAY CIR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION	FIRST NAME LARRY CITY HELENA	MIDDLE NAME  STATE POSTAL CODE  AL 35080	SUFFIX
	HALE CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  HALE MAILING ADDRESS  351 WHIRLAWAY CIR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION	FIRST NAME LARRY CITY HELENA	MIDDLE NAME  STATE POSTAL CODE  AL 35080	SUFFIX
escribe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.	HALE  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  HALE  MAILING ADDRESS  351 WHIRLAWAY CIR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR    MENDMENT (COLLATERAL CHANGE): check only one box.	FIRST NAME LARRY CITY HELENA 7f. JURISDICTION OF ORGANIZATION	MIDDLE NAME  STATE POSTAL CODE  AL 35080  7g. ORGANIZATIONAL ID #, i	SUFFIX
	HALE CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  HALE MAILING ADDRESS  351 WHIRLAWAY CIR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR   ADDRESS   Check only one box.	FIRST NAME LARRY CITY HELENA 7f. JURISDICTION OF ORGANIZATION	MIDDLE NAME  STATE POSTAL CODE  AL 35080  7g. ORGANIZATIONAL ID #, i	SUFFIX
	HALE CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  HALE MAILING ADDRESS  351 WHIRLAWAY CIR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR   ADDRESS   Check only one box.	FIRST NAME LARRY CITY HELENA 7f. JURISDICTION OF ORGANIZATION	MIDDLE NAME  STATE POSTAL CODE  AL 35080  7g. ORGANIZATIONAL ID #, i	SUFFIX
	HALE  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  HALE  MAILING ADDRESS  351 WHIRLAWAY CIR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR   ADDRESS   Check only one box.	FIRST NAME LARRY CITY HELENA 7f. JURISDICTION OF ORGANIZATION	MIDDLE NAME  STATE POSTAL CODE  AL 35080  7g. ORGANIZATIONAL ID #, i	SUFFIX
	HALE CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  HALE MAILING ADDRESS  351 WHIRLAWAY CIR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR   ADDRESS   Check only one box.	FIRST NAME LARRY CITY HELENA 7f. JURISDICTION OF ORGANIZATION	MIDDLE NAME  STATE POSTAL CODE  AL 35080  7g. ORGANIZATIONAL ID #, i	SUFFIX
	HALE  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  HALE  MAILING ADDRESS  351 WHIRLAWAY CIR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR    MENDMENT (COLLATERAL CHANGE): check only one box.	FIRST NAME LARRY CITY HELENA 7f. JURISDICTION OF ORGANIZATION	MIDDLE NAME  STATE POSTAL CODE  AL 35080  7g. ORGANIZATIONAL ID #, i	SUFFIX
	HALE CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  HALE MAILING ADDRESS  351 WHIRLAWAY CIR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	FIRST NAME LARRY CITY HELENA 7f. JURISDICTION OF ORGANIZATION	MIDDLE NAME  STATE POSTAL CODE  AL 35080  7g. ORGANIZATIONAL ID #, i	SUFFIX
	HALE  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  HALE  MAILING ADDRESS  351 WHIRLAWAY CIR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR   ADDRESS   Check only one box.	FIRST NAME LARRY CITY HELENA 7f. JURISDICTION OF ORGANIZATION	MIDDLE NAME  STATE POSTAL CODE  AL 35080  7g. ORGANIZATIONAL ID #, i	SUFFIX
	HALE  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  HALE  MAILING ADDRESS  351 WHIRLAWAY CIR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR    MENDMENT (COLLATERAL CHANGE): check only one box.	FIRST NAME LARRY CITY HELENA 7f. JURISDICTION OF ORGANIZATION	MIDDLE NAME  STATE POSTAL CODE  AL 35080  7g. ORGANIZATIONAL ID #, i	SUFFIX
	HALE  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  HALE  MAILING ADDRESS  351 WHIRLAWAY CIR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR   ADDRESS   Check only one box.	FIRST NAME LARRY CITY HELENA 7f. JURISDICTION OF ORGANIZATION	MIDDLE NAME  STATE POSTAL CODE  AL 35080  7g. ORGANIZATIONAL ID #, i	SUFFIX
	HALE  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  HALE  MAILING ADDRESS  351 WHIRLAWAY CIR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR   ADDRESS   Check only one box.	FIRST NAME LARRY CITY HELENA 7f. JURISDICTION OF ORGANIZATION	MIDDLE NAME  STATE POSTAL CODE  AL 35080  7g. ORGANIZATIONAL ID #, i	SUFFIX
AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debter w	HALE  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  HALE  MAILING ADDRESS  351 WHIRLAWAY CIR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box.  Pescribe collateral   deleted or   added, or give entire   restated collateral   deleted or   added   restated collateral   deleted or   added   restated collateral   deleted   added   restated   restated   collateral   deleted   added   restated   restated   collateral   added   restated   restated   collateral   added   restated   restated   restated   collateral   restated   rest	FIRST NAME LARRY CITY HELENA 7f. JURISDICTION OF ORGANIZATION eral description, or describe collateral assignment and assignment of the collateral assignment of	MIDDLE NAME  STATE POSTAL CODE AL 35080  7g. ORGANIZATIONAL ID #, i	SUFFIX COUNTE
AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor will do collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.	HALE  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  HALE  MAILING ADDRESS  1351 WHIRLAWAY CIR  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   deleted or   added, or give entire   restated collateral   deleted or   added, or give entire   restated collateral   added   added	FIRST NAME LARRY CITY HELENA 7f. JURISDICTION OF ORGANIZATION eral description, or describe collateral assignment and assignment of the collateral assignment of	MIDDLE NAME  STATE POSTAL CODE AL 35080  7g. ORGANIZATIONAL ID #, i	SUFFIX COUNTE
Ids collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.  9a. ORGANIZATION'S NAME	HALE  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  HALE  MAILING ADDRESS  1351 WHIRLAWAY CIR  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	FIRST NAME LARRY CITY HELENA 7f. JURISDICTION OF ORGANIZATION eral description, or describe collateral assignment and assignment of the collateral assignment of	MIDDLE NAME  STATE POSTAL CODE AL 35080  7g. ORGANIZATIONAL ID #, i	SUFFIX COUNTR
and enter name of DEBTOR authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.  9a. ORGANIZATION'S NAME  ALABAMA POWER COMPANY	HALE  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  HALE  MAILING ADDRESS  1351 WHIRLAWAY CIR  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   added   restated collateral   added   restated collateral   added   restated   restated	FIRST NAME LARRY CITY HELENA 7f. JURISDICTION OF ORGANIZATION  eral description, or describe collateral assignment and description of assignor, if this is an Assign by a Debtor, check here and enter name of	MIDDLE NAME  STATE POSTAL CODE AL 35080  7g. ORGANIZATIONAL ID #, i	SUFFIX COUNTR