UFFIN/205.226.1902 END ACKNOWLEDGMENT TO: (Name and Address) ALABAMA POWER COMPANY 600 NORTH 18TH STREET BIRMINGHAM, AL 35203			
ALABAMA POWER COMPANY 600 NORTH 18TH STREET			
600 NORTH 18TH STREET			
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BIR MINUTHAM AL 33/113			
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ITIAL FINANCING STATEMENT FILE #	I HE ABO	VE SPACE IS FOR FILING OFFICE U	
20090723000284150/S	HELBY	to be filed [for record] (or re REAL ESTATE RECORDS	ecorded) in the
TERMINATION: Effectiveness of the Financing Statement identified ab	ove is terminated with respect to security interest(s)		*****
CONTINUATION: Effectiveness of the Financing Statement identified	above with respect to security interest(s) of the S	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 r	name of assignor in item 9.	
t _{ere}	Debtor or Secured Party of record. Check	only one of these two boxes.	
o check <u>one</u> of the following three boxes <u>and</u> provide appropriate information CHANGE name in item 6s or 6th			
CHANGE name and/or address: Give current record name in item 6a or 6t name (if name change) in item 7a or 7b and/or new address (if address change)	o; also give new DELETE name: Give reco ange) in item 7c. to be deleted in item 6a or		n 7a or 7b, and als ns 7d-7g (if applica
IRRENT RECORD INFORMATION: a. ORGANIZATION'S NAME	······································		****
b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
WOOD	JAMES	C.	SR.
IANGED (NEW) OR ADDED INFORMATION:			
a. ORGANIZATION'S NAME		······································	
b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
VOOD	PATRICIA	О.	
ILING ADDRESS	CITY	STATE POSTAL CODE	COUNTR
36 HIGHWAY 56	WILSONVILLE	AL 35186	
X ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if ar	ny
DEBTOR			
ENDMENT (COLLATERAL CHANGE): check only one box.			
cribe collateral deleted or added, or give entire restated col	lateral description, or describe collateral ass	igned.	
ME OF SECURED PARTY OF RECORD AUTHORIZING THIS	AMENDMENT (name of assignor, if this is an Ass	signment). If this is an Amendment authorize	ed by a Dobtor wh
ME OF SECURED PARTY OF RECORD AUTHORIZING THIS s collateral or adds the authorizing Debtor, or if this is a Termination author	AMENDMENT (name of assignor, if this is an Assized by a Debtor, check here and enter name of	signment). If this is an Amendment authorize of DEBTOR authorizing this Amendment.	ed by a Debtor wh
s collateral or adds the authorizing Debtor, or if this is a Termination author ORGANIZATION'S NAME	AMENDMENT (name of assignor, if this is an Assized by a Debtor, check here and enter name of	signment). If this is an Amendment authorized the DEBTOR authorizing this Amendment.	ed by a Debtor wh
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