UCC FINANCING STATEMENT AMENDMENT			
OLLOW INSTRUCTIONS (front and back) CARE		20100630000207430 1/1 Shelby Cnty Judge of F	
A. NAME & PHONE OF CONTACT AT FILER [option of the contact of the	onal]	06/30/2010 10:37:48 AM	
I. RUFFIN/205.226.1902 B. SEND ACKNOWLEDGMENT TO: (Name and A	Address)		
ALABAMA POWER COMPAN 600 NORTH 18TH STREET BIRMINGHAM, AL 35203	JY		
		THE ABOVE SPACE IS FOR FILING OFFICE	E USE ONLY
a. INITIAL FINANCING STATEMENT FILE # 2007041	13000171630/SHELBY	1b. This FINANCING STATE to be filed [for record] (continue)	
		REAL ESTATE RECOR	DS.
	Statement identified above is terminated with respect to sec		
continued for the additional period provided by app	ng Statement identified above with respect to security interpolicable law.	rest(s) of the Secured Party authorizing this Continual	tion Statement is
. ASSIGNMENT (full or partial): Give name of assi	signee 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 A		record. Check only one of these two boxes.	
Also check one of the following three boxes and provide			
CHANGE name and/or address: Give current record name (if name change) in item 7a or 7b and/or new a		ame: Give record name ADD name: Complete item 7c; also complete	item 7a or 7b, and also items 7d-7g (if applicab
. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME			
Od. ONGANIZATION S NAME			
R 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
RAPIER	RICHARD	Ε.	JR.
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			
R 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	Louise
RAPIER	KATHRYN	MIDULE NAME	SUFFIX
. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
293 OLD CAHABA TRAIL	HELENA	AL 35080	
1. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPI	E OF ORGANIZATION 7f. JURISDICTION OF ORGA	ANIZATION 7g. ORGANIZATIONAL ID #,	if any
ORGANIZATION ' DEBTOR			NOI
	only <u>one</u> box.		INO
AMENDMENT (COLLATERAL CHANGE): check	-	ateral assigned.	
. AMENDMENT (COLLATERAL CHANGE): check Describe collateral deleted or added, or give	entire restated collateral description, or describe colla		
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Describe collateral deleted or added, or give			
Describe collateral deleted or added, or give	JTHORIZING THIS AMENDMENT (name of assignor,	if this is an Assignment). If this is an Amendment author	orized by a Debtor whic
NAME OF SECURED PARTY OF RECORD AU adds collateral or adds the authorizing Debtor, or if this is		if this is an Assignment). If this is an Amendment author	orized by a Debtor which
NAME OF SECURED PARTY OF RECORD AU adds collateral or adds the authorizing Debtor, or if this is 9a. ORGANIZATION'S NAME	JTHORIZING THIS AMENDMENT (name of assignor, s a Termination authorized by a Debtor, check here and	if this is an Assignment). If this is an Amendment author	orized by a Debtor which
NAME OF SECURED PARTY OF RECORD AU adds collateral or adds the authorizing Debtor, or if this is	JTHORIZING THIS AMENDMENT (name of assignor, s a Termination authorized by a Debtor, check here and	if this is an Assignment). If this is an Amendment author	orized by a Debtor which