AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record Party authorizing this Consinuation Statement is neared from the following three tooks aging provided by applicable law: ASSIGNMENT (FARTY INFORMATION): This Amendment affects Debtor or Secured Party of the Secured Party authorizing this Consinuation Statement is neared from the additional period provided by applicable law: ASSIGNMENT (full or partial): Civia name of assignee in item 7 ar 7b and address of assignee in item 7c, and also give name of assignor in item 9. AMENDMENT (FARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only ging of these two boxes.	A. NAME & PHONE OF CONTACT AT FILER [optional] I. RUFFIN / 205.226.1902 B. SEND ACKNOWLEDGMENT TO: (Name and Address)		20100630000207480 1/1 \$.00 20100630000207480 of Probat Shelby Cnty Judge of Probat	e, AL
INITIAL FINANCING STATEMENT FILE # 20060630000315850 1/3 SHELBY 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 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. CURRENT RECORD INFORMATION: Ge. ORGANIZATION'S NAME FIRST NAME PHILLIP CHANGED (NEW) OR ADDED INFORMATION: FIRST NAME PHILLIP F. CHANGED (NEW) OR ADDED INFORMATION: Ta. ORGANIZATION'S NAME FIRST NAME PHILLIP To. INDIVIDUAL'S LAST NAME PHILLIP To. ORGANIZATION S NAME To. INDIVIDUAL'S LAST NAME PHILLIP To. INDIVIDUAL'S LAST NAME PHILLIP To. ORGANIZATION To.	600 NORTH 18TH STREET		Shelby 01163 06/30/2010 10:37:53 AM FILE	ED/CERI
20060630000315850 1/3 SHELBY to be filed (for recorded) in the 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 assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor of Secured Party of record. Check only one of the set wo boxes. Assocheck 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 name of assignor in item 7c; also complete item 7a or 7b, and a secured Party of record. Check only one of these two boxes. ASSIGNMENT (will or partial): This Amendment affects be address change) in item 7a or 7b and/or new address (if address change) in item 7a or 7b and/or new address (if address change) in item 7a or 7b and/or new address (if address change) in item 7a or 7b and/or new address (if address change) in item 7a or 7b and/or new address (if address change) in item 7a or 7b and/or new address (if address change) in item 7a or 7b and/or new address (if address change) in item 7a or 7b and/or new address (if address change) in item 7a or 7b and/or new address (if address change) in item 7a or 7b and/or new address (if address change) in item 7a or 7b and/or new address (if address change) in item 7a or 7b and/or new address (if address change) in item 7a or 7b and/or new address (if address change) in item 7a or 7b and/or new address (if address change) in item 7a or 7b and/or new address (if address change) in item 7a or 7b and/or new address (if address change) in item 7a or 7b and/or new address (if address change) in item 7a or 7b and/or new address (if address change) in item 7a or 7b and/or new address (if address change) in item 7a or			HE ABOVE SPACE IS FOR FILING OFFICE	USE ONLY
TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement 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 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 and/or address): Give current record name in item 6a or 6b; also give new name (if name and/or address): Give current record name in item 6a or 6b; also give new name (if name and/or name of name and/or name and/or name and/or name and/or name and/or name (if name and/or n	a. INITIAL FINANCING STATEMENT FILE # 2006063000031585	50 1/3 SHELBY	to be filed [for record] (or	recorded) in the
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 Debt			interest(s) of the Secured Party authorizing this Ter	mination Statement.
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. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME PIERCE CHANGE ONE ADDED INFORMATION: 7a. ORGANIZATION'S NAME PIERCE MIDDLE NAME PIERCE MIDDLE NAME SUFFIX PHILLIP F. CHANGEO (NEW) OR ADDED INFORMATION: 7b. INDIVIDUAL'S LAST NAME PIERCE MIDDLE NAME SUFFIX TAX ID #: SSN OR EIN ADDLINFORE TO CREANIZATION ORGANIZATION AND AME AL 35114 US MENDMEND (COLLATERAL CHANGE): check only one box.	CONTINUATION: Effectiveness of the Financing Statement ide continued for the additional period provided by applicable law.	entified above with respect to security interest(s) of the Secured Party authorizing this Continuation	on Statement is
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. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME PIERCE CHANGE ONE ADDED INFORMATION: 7a. ORGANIZATION'S NAME PIERCE MIDDLE NAME PIERCE MIDDLE NAME SUFFIX PHILLIP F. CHANGEO (NEW) OR ADDED INFORMATION: 7b. INDIVIDUAL'S LAST NAME PIERCE MIDDLE NAME SUFFIX TAX ID #: SSN OR EIN ADDLINFORE TO CREANIZATION ORGANIZATION AND AME AL 35114 US MENDMEND (COLLATERAL CHANGE): check only one box.	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.	
CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME PIERCE CHANGED (NEW) OR ADDED INFORMATION: 7b. INDIVIDUAL'S LAST NAME PIERCE MALURGED (NEW) OR ADDED INFORMATION: 7c. ORGANIZATION'S NAME FIRST NAME PIERCE MIDDLE NAME FIRST NAME PHILLIP CHANGED (NEW) OR ADDED INFORMATION: 7c. ORGANIZATION'S NAME MIDDLE NAME FIRST NAME PHILLIP CHANGED (NEW) OR ADDED INFORMATION: 7c. ORGANIZATION'S NAME MIDDLE NAME SUFFIX F. CHANGED (NEW) OR ADDED INFORMATION: 7d. INDIVIDUAL'S LAST NAME PIERCE MALURGED (NEW) OR ADDED INFORMATION: 7d. INDIVIDUAL'S LAST NAME PIERCE MALURGED (NEW) OR ADDED INFORMATION: 7d. INDIVIDUAL'S LAST NAME PIERCE MALURGED (NEW) OR ADDED INFORMATION: 7d. INDIVIDUAL'S LAST NAME PIERCE MALURGED (NEW) OR ADDED INFORMATION: 7d. INDIVIDUAL'S LAST NAME PIERCE MALURGED (NEW) OR ADDED INFORMATION: 7d. ORGANIZATION NAYLENE AL 35114 US MENDMENT (COLLATERAL CHANGE): check only Qrig box.				<u> </u>
CURRENT RECORD INFORMATION: Ga. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME PIERCE CHANGED (NEW) OR ADDED INFORMATION: To. INDIVIDUAL'S LAST NAME PIERCE MAILING ADDRESS TATE POSTAL CODE TO COUNTY ALT ID #: SSN OR EIN ORGANIZATION DEBTOR To. TYPE OF ORGANIZATION To. INDIVIDION OF ORGANIZATION DEBTOR To. INDIVIDION OF ORGANIZATION TO. ORGANIZATION DEBTOR TO. INDIVIDION OF ORGANIZATION TO. ORGANIZATIO		rmation in items 6 and/or 7.		
Ga. ORGANIZATION'S NAME Ga. ORGANIZATION'S NAME	CHANGE name and/or address: Give current record name in item 6a name (if name change) in item 7a or 7b and/or new address (if address)	a or 6b; also give new ess change) in item 7c. DELETE name:	Give record name	em 7a or 7b, and al ems 7d-7g (if applic
6b. INDIVIDUAL'S LAST NAME PIERCE PHILLIP F. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME PIERCE MALLING ADDRESS 132 CEDAR GROVE PKWY TAX ID #: SSN OR EIN ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	CURRENT RECORD INFORMATION:			onto to to to the applic
PIERCE CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME PIERCE MIDDLE NAME FIRST NAME FIRST NAME PIERCE TOUTH MIDDLE NAME SUFFIX SUFFIX MIDDLE NAME SUFFIX FIRST NAME PIERCE TOUTH MIDDLE NAME SUFFIX SUFFIX MIDDLE NAME SUFFIX TOUTH AL 35114 US TAX ID #: SSN OR EIN ADDIL INFO RE 7e. TYPE OF ORGANIZATION	6a. ORGANIZATION'S NAME			····
PIERCE CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME PIERCE MIDDLE NAME FIRST NAME FIRST NAME PIERCE TOUTH MIDDLE NAME SUFFIX SUFFIX MIDDLE NAME SUFFIX FIRST NAME PIERCE TOUTH MIDDLE NAME SUFFIX SUFFIX MIDDLE NAME SUFFIX TOUTH AL 35114 US TAX ID #: SSN OR EIN ADDIL INFO RE 7e. TYPE OF ORGANIZATION	Ch. INIDIVIDUIALIC LAGE NAME			
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME FIRST NAME MIDDLE NAME SUFFIX 7b. INDIVIDUAL'S LAST NAME JOYCE JOYCE MAILING ADDRESS CITY STATE POSTAL CODE COUNTER 132 CEDAR GROVE PKWY MAYLENE AL 35114 US TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR To TYPE OF ORGANIZATION TO T	TOD. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Ta. ORGANIZATION'S NAME			,	
7b. INDIVIDUAL'S LAST NAME PIERCE JOYCE MIDDLE NAME SUFFIX STATE POSTAL CODE COUNTE MAYLENE TAX ID #: SSN OR EIN ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one box.	PIERCE	PHILLIP	F.	
PIERCE MAILING ADDRESS MAYLENE TAX ID #: SSN OR EIN DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. FIRST NAME JOYCE CITY MAYLENE CITY MAYLENE AMAYLENE FIRST NAME JOYCE MAYLENE STATE POSTAL CODE COUNTE AL 35114 US 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any TAX ID #: SSN OR EIN DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	· · · · · · · · · · · · · · · · · · ·	PHILLIP	F.	<u>.</u>
PIERCE MAILING ADDRESS MAYLENE TAX ID #: SSN OR EIN DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. FIRST NAME JOYCE CITY MAYLENE CITY MAYLENE AMAYLENE FIRST NAME JOYCE MAYLENE STATE POSTAL CODE COUNTE AL 35114 US 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any TAX ID #: SSN OR EIN DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	CHANGED (NEW) OR ADDED INFORMATION:	PHILLIP	F.	
MAILING ADDRESS CITY MAYLENE TAX ID #: SSN OR EIN ORGANIZATION DEBTOR MAYLENE CITY MAYLENE MAYLENE To state postal code ountries and state postal code of the countries and state postal code of the co	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	PHILLIP	F.	
TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR ORGANIZATION DEBTOR ORGANIZATION ORGANIZATION	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			SUFFIX
TAX ID #: SSN OR EIN ORGANIZATION DEBTOR TO BE ORGANIZATION DEBTOR TO COLLATERAL CHANGE): check only one box. MAYLENE MAYLENE AL 35114 To STIPE OF ORGANIZATION OF ORGANIZ	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME	FIRST NAME		SUFFIX
TAX ID #: SSN OR EIN ADD'L INFO RE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATION DEBTOR 7g. ORGANIZATIONAL ID #, if any AMENDMENT (COLLATERAL CHANGE): check only one box.	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME PIERCE	FIRST NAME JOYCE	MIDDLE NAME	
DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME PIERCE	FIRST NAME JOYCE CITY	MIDDLE NAME STATE POSTAL CODE	COUNTR
AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box.	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME PIERCE MAILING ADDRESS 132 CEDAR GROVE PKWY TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZA	FIRST NAME JOYCE CITY MAYLENE	MIDDLE NAME STATE POSTAL CODE AL 35114	COUNTR
•	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME PIERCE MAILING ADDRESS 132 CEDAR GROVE PKWY TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	FIRST NAME JOYCE CITY MAYLENE	MIDDLE NAME STATE POSTAL CODE AL 35114	COUNTR
ACOUNT CUMPLEM I THEIRIR OF I BANDON OF DIVE ROTTON COMMENTAL MARKETER OF MARKETER OF HARACIES	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME PIERCE MAILING ADDRESS 132 CEDAR GROVE PKWY TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR	FIRST NAME JOYCE CITY MAYLENE	MIDDLE NAME STATE POSTAL CODE AL 35114	COUNTR
	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME PIERCE MAILING ADDRESS 132 CEDAR GROVE PKWY TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	FIRST NAME JOYCE CITY MAYLENE ATION 7f. JURISDICTION OF ORGANIZ	MIDDLE NAME STATE POSTAL CODE AL 35114 ATION 7g. ORGANIZATIONAL ID #, if	COUNTR
	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME PIERCE MAILING ADDRESS 132 CEDAR GROVE PKWY TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	FIRST NAME JOYCE CITY MAYLENE ATION 7f. JURISDICTION OF ORGANIZ	MIDDLE NAME STATE POSTAL CODE AL 35114 ATION 7g. ORGANIZATIONAL ID #, if	COUNTR
	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME PIERCE MAILING ADDRESS 132 CEDAR GROVE PKWY TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	FIRST NAME JOYCE CITY MAYLENE ATION 7f. JURISDICTION OF ORGANIZ	MIDDLE NAME STATE POSTAL CODE AL 35114 ATION 7g. ORGANIZATIONAL ID #, if	COUNTR
	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME PIERCE MAILING ADDRESS 132 CEDAR GROVE PKWY TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	FIRST NAME JOYCE CITY MAYLENE ATION 7f. JURISDICTION OF ORGANIZ	MIDDLE NAME STATE POSTAL CODE AL 35114 ATION 7g. ORGANIZATIONAL ID #, if	COUNTR
	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME PIERCE MAILING ADDRESS 132 CEDAR GROVE PKWY TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	FIRST NAME JOYCE CITY MAYLENE ATION 7f. JURISDICTION OF ORGANIZ	MIDDLE NAME STATE POSTAL CODE AL 35114 ATION 7g. ORGANIZATIONAL ID #, if	COUNTR
	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME PIERCE MAILING ADDRESS 132 CEDAR GROVE PKWY TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	FIRST NAME JOYCE CITY MAYLENE ATION 7f. JURISDICTION OF ORGANIZ	MIDDLE NAME STATE POSTAL CODE AL 35114 ATION 7g. ORGANIZATIONAL ID #, if	COUNTR
	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME PIERCE MAILING ADDRESS 132 CEDAR GROVE PKWY TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	FIRST NAME JOYCE CITY MAYLENE ATION 7f. JURISDICTION OF ORGANIZ	MIDDLE NAME STATE POSTAL CODE AL 35114 ATION 7g. ORGANIZATIONAL ID #, if	COUNTR
	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME PIERCE MAILING ADDRESS 132 CEDAR GROVE PKWY TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	FIRST NAME JOYCE CITY MAYLENE ATION 7f. JURISDICTION OF ORGANIZ	MIDDLE NAME STATE POSTAL CODE AL 35114 ATION 7g. ORGANIZATIONAL ID #, if	COUNTR
	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME PIERCE MAILING ADDRESS 132 CEDAR GROVE PKWY TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	FIRST NAME JOYCE CITY MAYLENE ATION 7f. JURISDICTION OF ORGANIZ	MIDDLE NAME STATE POSTAL CODE AL 35114 ATION 7g. ORGANIZATIONAL ID #, if	COUNTR
	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME PIERCE MAILING ADDRESS 132 CEDAR GROVE PKWY TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	FIRST NAME JOYCE CITY MAYLENE ATION 7f. JURISDICTION OF ORGANIZ	MIDDLE NAME STATE POSTAL CODE AL 35114 ATION 7g. ORGANIZATIONAL ID #, if	COUNTR
	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME PIERCE MAILING ADDRESS 132 CEDAR GROVE PKWY TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	FIRST NAME JOYCE CITY MAYLENE ATION 7f. JURISDICTION OF ORGANIZ	MIDDLE NAME STATE POSTAL CODE AL 35114 ATION 7g. ORGANIZATIONAL ID #, if	COUNTR
IAME OF SECURED PARTY OF DECORD AUTHORIZING THIS AMENDMENT.	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME PIERCE MAILING ADDRESS 132 CEDAR GROVE PKWY TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restate	FIRST NAME JOYCE CITY MAYLENE ATION 7f. JURISDICTION OF ORGANIZ ed collateral description, or describe collatera	MIDDLE NAME STATE POSTAL CODE AL 35114 ATION 7g. ORGANIZATIONAL ID #, if	any
IAME 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 wild 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	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME PIERCE MAILING ADDRESS 132 CEDAR GROVE PKWY TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated restated added added	FIRST NAME JOYCE CITY MAYLENE ATION 7f. JURISDICTION OF ORGANIZ ed collateral description, or describe collateral THIS AMENDMENT (name of assignor, if this	MIDDLE NAME STATE POSTAL CODE AL 35114 ATION 7g. ORGANIZATIONAL ID #, if	any COUNTRUS
dds 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.	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME PIERCE MAILING ADDRESS 132 CEDAR GROVE PKWY TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restate restate NAME OF SECURED PARTY OF RECORD AUTHORIZING Total adds collateral or adds the authorizing Debtor, or if this is a Termination and the collateral or adds the authorizing Debtor, or if this is a Termination and the collateral or adds the authorizing Debtor, or if this is a Termination and the collateral or adds the authorizing Debtor, or if this is a Termination and the collateral or adds the authorizing Debtor, or if this is a Termination and the collateral or adds the authorizing Debtor, or if this is a Termination and the collateral or adds the authorizing Debtor, or if this is a Termination and the collateral or adds the authorizing Debtor, or if this is a Termination and the collateral or adds the authorizing Debtor, or if this is a Termination and the collateral or adds the authorizing Debtor.	FIRST NAME JOYCE CITY MAYLENE ATION 7f. JURISDICTION OF ORGANIZ ed collateral description, or describe collateral THIS AMENDMENT (name of assignor, if this	MIDDLE NAME STATE POSTAL CODE AL 35114 ATION 7g. ORGANIZATIONAL ID #, if	any COUNTRUS
dds 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	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME PIERCE MAILING ADDRESS 132 CEDAR GROVE PKWY TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restate PRAME OF SECURED PARTY OF RECORD AUTHORIZING To adds collateral or adds the authorizing Debtor, or if this is a Termination at 19a. ORGANIZATION'S NAME	FIRST NAME JOYCE CITY MAYLENE ATION 7f. JURISDICTION OF ORGANIZ ed collateral description, or describe collateral THIS AMENDMENT (name of assignor, if this	MIDDLE NAME STATE POSTAL CODE AL 35114 ATION 7g. ORGANIZATIONAL ID #, if	any COUNTRUS
9a. ORGANIZATION'S NAME ALABAMA POWER COMPANY	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME PIERCE MAILING ADDRESS 132 CEDAR GROVE PKWY TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR ADD'L INFO RECORD AUTHORIZING TO REC	FIRST NAME JOYCE CITY MAYLENE ATION 7f. JURISDICTION OF ORGANIZ THIS AMENDMENT (name of assignor, if this authorized by a Debtor, check here and entertain	MIDDLE NAME STATE POSTAL CODE AL 35114 ATION 7g. ORGANIZATIONAL ID #, if assigned. If this is an Amendment author ter name of DEBTOR authorizing this Amendment.	any COUNTR US
dds 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 ALABAMA POWER COMPANY	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	FIRST NAME JOYCE CITY MAYLENE ATION 7f. JURISDICTION OF ORGANIZ THIS AMENDMENT (name of assignor, if this authorized by a Debtor, check here and entertain	MIDDLE NAME STATE POSTAL CODE AL 35114 ATION 7g. ORGANIZATIONAL ID #, if assigned. If this is an Amendment author ter name of DEBTOR authorizing this Amendment.	any COUNTRUS