JCC FINANCING STATEMENT AMENDMENT OLLOW INSTRUCTIONS (front and back) CAREFULLY			20100831000280370 1/1 \$.00		
. NAME & PHONE OF CONTACT . RUFFIN/205.226.1902	AT FILER [optional]	She	elby Cnty Judge of Probate /31/2010 12:54:59 PM FILED	, AL /CERT	
SEND ACKNOWLEDGMENT TO	D: (Name and Address)	08	/31/2010 12:54:55 FN FILLD	, OEIII	
ALABAMA POWE 600 NORTH 18TH BIRMINGHAM, AI	STREET				
		THE ABOV	F SPACE IS FOR FILING OFFICE II	SE ON! V	
a. INITIAL FINANCING STATEMENT FILE # 20090623000240980/SHELBY			THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b. This FINANCING STATEMENT AMENDMENT to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.		
···		above is terminated with respect to security interest(s) of	of the Secured Party authorizing this Termin		
CONTINUATION: Effectivene continued for the additional perio	ess of the Financing Statement idention of the Financing Statement identities.	ified above with respect to security interest(s) of the Se	ecured Party authorizing this Continuation	Statement is	
ASSIGNMENT (full or partial):	Give name of assignee in item 7a or	7b and address of assignee in item 7c; and also give na	me of assignor in item 9.		
AMENDMENT (PARTY INFORMALS Also check one of the following three to	MATION): This Amendment affects boxes and provide appropriate inform	Debtor or Secured Party of record. Check of ation in items 6 and/or 7.	only <u>one</u> of these two boxes.		
CURRENT RECORD INFORMATION	Give current record name in item 6a or 7b and/or new address (if address ON:	or 6b; also give new DELETE name: Give record to be deleted in item 6a or 6	ADD name: Complete item 3b. item 7c; also complete item	7a or 7b, and also is 7d-7g (if applicat	
6a. ORGANIZATION'S NAME					
6b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
DOOLEY		CARRIE	S.		
			!		
CHANGED (NEW) OR ADDED INF	ORMATION:				
7a. ORGANIZATION'S NAME	ORMATION:	FIRST NAME	MIDDLE NAME	SUFFIX	
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME	ORMATION:				
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS	ORMATION:	FIRST NAME CITY BIRMINGHAM	MIDDLE NAME STATE POSTAL CODE AL 35242	SUFFIX	
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 345 AMERHERST DR	NFO RE 7e. TYPE OF ORGANIZAT	CITY BIRMINGHAM	STATE POSTAL CODE	COUNTRY	
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 345 AMERHERST DR TAX ID #: SSN OR EIN ADD'L IN ORGANI DEBTOR	NFO RE 7e. TYPE OF ORGANIZAT IZATION R CHANGE): check only <u>one</u> box.	CITY BIRMINGHAM ON 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35242 7g. ORGANIZATIONAL ID #, if an	COUNTRY	
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 345 AMERHERST DR TAX ID #: SSN OR EIN ADD'L IN ORGANI DEBTOR	NFO RE 7e. TYPE OF ORGANIZAT IZATION R CHANGE): check only <u>one</u> box.	CITY BIRMINGHAM	STATE POSTAL CODE AL 35242 7g. ORGANIZATIONAL ID #, if an	COUNTRY	
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 345 AMERHERST DR TAX ID #: SSN OR EIN ADD'L IN ORGANIDEBTOR AMENDMENT (COLLATERAL COLLATERAL	NFO RE 7e. TYPE OF ORGANIZAT IZATION R CHANGE): check only <u>one</u> box.	CITY BIRMINGHAM ON 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35242 7g. ORGANIZATIONAL ID #, if an	COUNTRY	
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 345 AMERHERST DR TAX ID #: SSN OR EIN ADD'L IN ORGANI DEBTOR	NFO RE 7e. TYPE OF ORGANIZAT IZATION R CHANGE): check only <u>one</u> box.	CITY BIRMINGHAM ON 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35242 7g. ORGANIZATIONAL ID #, if an	COUNTRY	
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 345 AMERHERST DR TAX ID #: SSN OR EIN ADD'L IN ORGANI DEBTOR	NFO RE 7e. TYPE OF ORGANIZAT IZATION R CHANGE): check only <u>one</u> box.	CITY BIRMINGHAM ON 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35242 7g. ORGANIZATIONAL ID #, if an	COUNTRY	
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 345 AMERHERST DR TAX ID #: SSN OR EIN ADD'L IN ORGANI DEBTOR	NFO RE 7e. TYPE OF ORGANIZAT IZATION R CHANGE): check only <u>one</u> box.	CITY BIRMINGHAM ON 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35242 7g. ORGANIZATIONAL ID #, if an	COUNTRY	
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 345 AMERHERST DR TAX ID #: SSN OR EIN ADD'L IN ORGANI DEBTOR	NFO RE 7e. TYPE OF ORGANIZAT IZATION R CHANGE): check only <u>one</u> box.	CITY BIRMINGHAM ON 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35242 7g. ORGANIZATIONAL ID #, if an	COUNTRY	
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 345 AMERHERST DR TAX ID #: SSN OR EIN ADD'L IN ORGANI DEBTOR	NFO RE 7e. TYPE OF ORGANIZAT IZATION R CHANGE): check only <u>one</u> box.	CITY BIRMINGHAM ON 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35242 7g. ORGANIZATIONAL ID #, if an	COUNTRY	
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 345 AMERHERST DR TAX ID #: SSN OR EIN ADD'L IN ORGANIDEBTOR AMENDMENT (COLLATERAL COLLATERAL	NFO RE 7e. TYPE OF ORGANIZAT IZATION CHANGE): check only one box. added, or give entire restated	BIRMINGHAM ION 7f. JURISDICTION OF ORGANIZATION collateral description, or describe collateral assignment assignment and assignment and assignment as a second assignment and a second assignment as a second assignment and a second assignment as a second as a second assignment as a second	STATE POSTAL CODE AL 35242 7g. ORGANIZATIONAL ID #, if an gned.	y	
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 345 AMERHERST DR TAX ID #: SSN OR EIN ADD'L IN ORGANIDEBTOR AMENDMENT (COLLATERAL COLLATERAL	NFO RE 7e. TYPE OF ORGANIZAT IZATION CHANGE): check only one box. added, or give entire restated	CITY BIRMINGHAM ION 7f. JURISDICTION OF ORGANIZATION collateral description, or describe collateral assignment and assignment of the collateral assignment of t	STATE POSTAL CODE AL 35242 7g. ORGANIZATIONAL ID #, if an gned.	y	
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 345 AMERHERST DR TAX ID #: SSN OR EIN ADD'L IN ORGANIDEBTOR AMENDMENT (COLLATERAL COLLATERAL	NFO RE 7e. TYPE OF ORGANIZAT IZATION CHANGE): check only one box. added, or give entire restated OF RECORD AUTHORIZING TH Debtor, or if this is a Termination aut	BIRMINGHAM ION 7f. JURISDICTION OF ORGANIZATION collateral description, or describe collateral assignment assignment and assignment and assignment as a second assignment and a second assignment as a second assignment and a second assignment as a second as a second assignment as a second	STATE POSTAL CODE AL 35242 7g. ORGANIZATIONAL ID #, if an gned.	y	
7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 345 AMERHERST DR TAX ID #: SSN OR EIN ADD'L IN ORGANIDEBTOR AMENDMENT (COLLATERAL OF Describe collateral deleted or Describe collateral deleted or Describe collateral deleted or Describe collateral or adds the authorizing pa. ORGANIZATION'S NAME	NFO RE 7e. TYPE OF ORGANIZAT IZATION CHANGE): check only one box. added, or give entire restated OF RECORD AUTHORIZING TH Debtor, or if this is a Termination aut	BIRMINGHAM ION 7f. JURISDICTION OF ORGANIZATION collateral description, or describe collateral assignment assignment and assignment and assignment as a second assignment and a second assignment as a second assignment and a second assignment as a second as a second assignment as a second	STATE POSTAL CODE AL 35242 7g. ORGANIZATIONAL ID #, if an gned.	COUNTR	