JCC FINANCING STATEMENT AMENDMI OLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] J. RUFFIN/205.226.1902 B. SEND ACKNOWLEDGMENT TO: (Name and Address) ALABAMA POWER COMPANY 600 NORTH 18TH STREET BIRMINGHAM, AL 35203		20100907000288810 1/1 \$.00 Shelby Cnty Judge of Probate; AL 09/07/2010 02:21:39 PM FILED/CERT			
		THE ABOVE SPA	CEISFO	R FILING OFFICE US	SE ONLY
a. INITIAL FINANCING STATEMENT FILE # $20080828000344740/S$	HELBY		to t	s FINANCING STATEMER oe filed [for record] (or rec	
TERMINATION: Effectiveness of the Financing Statement identified about	ove is terminated with respe	ct to security interest(s) of the S		AL ESTATE RECORDS. rty authorizing this Termin	ation Statement.
CONTINUATION: Effectiveness of the Financing Statement identified 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 assigned in	tom Zo: and also give name of		itana O	
		Party of record. Check only one			
Also check one of the following three boxes and provide appropriate information		arty or record. Oneck only one	g or mese	IWU DOXES.	
CHANGE name and/or address: Give current record name in item 6a or 6b name (if name change) in item 7a or 7b and/or new address (if address change)		LETE name: Give record name be deleted in item 6a or 6b.	· - · -	DD name: Complete item m 7c; also complete items	7a or 7b, and also
CURRENT RECORD INFORMATION:				tit 70, 0100 00mpioto itomi	s ru-ry (n appnea
6a. ORGANIZATION'S NAME					
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	<u> </u>	MIDDLE NAME SUFFIX		
BREWER	JAMES		I I I I I I I I I I I I I I I I I I I	1 47 314 L	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION:					
7a. ORGANIZATION'S NAME	······································				
R					
76. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME SUFFIX		SUFFIX
BREWER . MAILING ADDRESS	CITY		G.	TD00741 0007	0000
214 QUAIL RIDGE RD	HELENA		STATE	POSTAL CODE 35080	COUNTRY
I. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION		OF ORGANIZATION		ANIZATIONAL ID #, if any	<u> </u>
ORGANIZATION DEBTOR					· · · · ·
AMENDMENT (COLLATERAL CHANGE): check only one box.			<u></u>		N
Describe collateral deleted or added, or give entire restated col	lateral description, or desc	ribe collateral assigned.			
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS	AMENDMENT (name of a	ssignor, if this is an Assignment	t). If this is	an Amendment authorize	d by a Debtor whic
adds collateral or adds the authorizing Debtor, or if this is a Termination author	AMENDMENT (name of a rized by a Debtor, check here	ssignor, if this is an Assignment and enter name of DEBT	t). If this is OR author	an Amendment authorized rizing this Amendment.	d by a Debtor whic
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized a. ORGANIZATION'S NAME	AMENDMENT (name of a ized by a Debtor, check here	ssignor, if this is an Assignment and enter name of DEBT	t). If this is OR author	an Amendment authorized rizing this Amendment.	d by a Debtor whic
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS adds collateral or adds the authorizing Debtor, or if this is a Termination authorization of the authorizat	AMENDMENT (name of a ized by a Debtor, check here	and enter name of DEBT	t). If this is OR author	rizing this Amendment.	d by a Debtor which