	NAME & PHONE OF CONTACT AT FILER [optional] RUFFIN/205.226.1902					
	SEND ACKNOWLEDGMENT TO: (Name and Address)	····		:::::: !!!!!!!		
	ALABAMA POWER COMPANY		201009070002		1/1 \$.00	
	600 NORTH 18TH STREET BIRMINGHAM, AL 35203		201009070002 Shelby Cnty	Judge	of Probate, AL 11 PM FILED/CERT	
			09/07/2010	02:21.		
			THE ABOVE SPACE	E IS FOR	FILING OFFICE USE	ONLY
, 1	INITIAL FINANCING STATEMENT FILE # 20080711000280530/SHI	ELBY		b. This F	FINANCING STATEMENT filed [for record] (or record	AMENDMENT
,	TERMINATION: Effectiveness of the Financing Statement identified above	is terminated with respect to secu	urity interest(s) of the Sec		. ESTATE RECORDS. authorizing this Termination	on Statement.
	CONTINUATION: Effectiveness of the Financing Statement identified ab continued for the additional period provided by applicable law.			i		
	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 ass	signor in its	em 9	
#	AMENDMENT (PARTY INFORMATION): This Amendment affects D		ecord. Check only one of			
	Also check one of the following three boxes and provide appropriate information in	•	deord. Check only one c	n mese tw	U DOXES.	
_	CHANGE name and/or address: Give current record name in item 6a or 6b; all name (if name change) in item 7a or 7b and/or new address (if address change)	so give new DELETE na	me: Give record name d in item 6a or 6b.	ADD	name: Complete item 7a 7c; also complete items 7	or 7b, and als
	CURRENT RECORD INFORMATION:	S) HT REITI 7C. L. T LO DE GETELE	u in Reni va or oo.	Literii	7C, also complete items 7	о-ид (в аррыса
	6a. ORGANIZATION'S NAME			······································		<u> </u>
	6b. INDIVIDUAL'S LAST NAME	FIRST NAME		AIDDLE N	AMF	SHEEN
	6b. INDIVIDUAL'S LAST NAME MCCORD	FIRST NAME LORETTA	N	AIDDLE N	AME	SUFFIX
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	DO. INDIVIDUAL S LAST NAME	1	N	AIDDLE N	AME	SUFFIX
,	MCCORD CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	LORETTA				SUFFIX
,	MCCORD CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	1		AIDDLE N		SUFFIX
2	MCCORD CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE N	AME	SUFFIX
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	MCCORD CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS	FIRST NAME CITY		MIDDLE N	AME POSTAL CODE	SUFFIX
₹ 4	MCCORD CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 41 DANA DR TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	FIRST NAME		MIDDLE N	AME	SUFFIX
<u> </u>	MCCORD CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 41 DANA DR	FIRST NAME CITY MONTEVALLO		MIDDLE N	AME POSTAL CODE 35115	SUFFIX
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N A D N A	MCCORD CHANGED (NEW) OR ADDED INFORMATION: [7a. ORGANIZATION'S NAME] 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 41 DANA DR TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collate.	FIRST NAME CITY MONTEVALLO 7f. JURISDICTION OF ORGA areal description, or describe coll MENDMENT (name of assignor,	ANIZATION 7 ateral assigned.	IT this is a	POSTAL CODE 35115 NIZATIONAL ID #, if any	COUNTRY
Na Na	MCCORD CHANGED (NEW) OR ADDED INFORMATION: [7a. ORGANIZATION'S NAME] The individual's last name MAILING ADDRESS 41 DANA DR 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 collate. PAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN adds collateral or adds the authorizing Debtor, or if this is a Termination authorize. [9a. ORGANIZATION'S NAME] ALABAMA POWER COMPANY	FIRST NAME CITY MONTEVALLO 7f. JURISDICTION OF ORGA areal description, or describe coll MENDMENT (name of assignor,	ANIZATION 7 ateral assigned. if this is an Assignment). id enter name of DEBTO	IT this is a	POSTAL CODE 35115 NIZATIONAL ID #, if any in Amendment authorized by zing this Amendment.	COUNTRY