JCC FINANCING STATEMENT AM 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)	Y	20101029000362690 1/1 \$.00 Shelby Cnty Judge of Proba 10/29/2010 10:49:35 AM FIL	ite, AL
600 NORTH 18TH STREET BIRMINGHAM, AL 35203			
a. INITIAL FINANCING STATEMENT FILE #		BOVE SPACE IS FOR FILING OFFICE I	
27723/SHEL		to be filed [for record] (or record) (or record)	S
TERMINATION: Effectiveness of the Financing Stateme			
CONTINUATION: Effectiveness of the Financing State continued for the additional period provided by applicable	ement identified above with respect to security interest(s) of tellaw.	the Secured Party authorizing this Continuatio	n Statement is
ASSIGNMENT (full or partial): Give name of assignee in	n item 7a or 7b and address of assignee in item 7c; and also g	ive name of assignor in item 9.	
. AMENDMENT (PARTY INFORMATION): This Amendm	nent affects Debtor or Secured Party of record. Ch	neck only <u>one</u> of these two boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provide approp CHANGE name and/or address: Give current record name i		record name TTI ADD name: Complete ite	m 7a or 7h, and alco
name (if name change) in item 7a or 7b and/or new address. CURRENT RECORD INFORMATION:	s (if address change) in item 7c. to be deleted in item 6		ms 7d-7g (if applicable
6a. ORGANIZATION'S NAME		· · · · · · · · · · · · · · · · · · ·	
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
HERNDON	ROBERT	BRUCE	
7a. ORGANIZATION'S NAME			
7a. ORGANIZATION'S NAME	IFIRST NAME	MIDDLE NAME	SHEEK
7a. ORGANIZATION'S NAME	FIRST NAME DEBBIE	MIDDLE NAME J.	SUFFIX
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME HERNDON		T	SUFFIX
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME HERNDON MAILING ADDRESS 105 HICKORY ST.	DEBBIE CITY MAYLENE	J.	
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME HERNDON MAILING ADDRESS 105 HICKORY ST.	DEBBIE CITY MAYLENE	J. STATE POSTAL CODE AL 35080	COUNTRY
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME HERNDON MAILING ADDRESS 105 HICKORY ST. I. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF O ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only or	DEBBIE CITY MAYLENE ORGANIZATION 7f. JURISDICTION OF ORGANIZATION One box.	J. STATE POSTAL CODE AL 35080 79. ORGANIZATIONAL ID #, if a	COUNTRY
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