A. NAME & PHONE OF CONTACT AT FILER [optional]  J. RUFFIN/205.226.1902						
3.	ALABAMA POWER COMPANY 600 NORTH 18TH STREET BIRMINGHAM, AL 35203		Shelb	y Cnt	0362720 1/1 \$.00 y Judge of Probate 10:49:38 AM FILED	
			THE ABOVE SPA	CE IS F	OR FILING OFFICE USE	ONLY
а.	INITIAL FINANCING STATEMENT FILE# 2005081800042593	0/SHELBY		1b. Tr	is FINANCING STATEMENT be filed [for record] (or recor	AMENDMEN
. [	★ TERMINATION: Effectiveness of the Financing Statement identified		o security interest(s) of the S	R	AL ESTATE RECORDS.	·
	CONTINUATION: Effectiveness of the Financing Statement ider continued for the additional period provided by applicable law.					
T	ASSIGNMENT (full or partial): Give name of assignee in item 7a	or 7b and address of assignee in iter	n 7c: and also give name of s	essianor i	ı item 9	
	AMENDMENT (PARTY INFORMATION): This Amendment affect		ty of record. Check only one	<del></del>		
/	Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate infor	mation in items 6 and/or 7.				
	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	ss change) in item 7c. DELE	TE name: Give record name deleted in item 6a or 6b.		DD name: Complete item 7a em 7c; also complete items 7	or 7b, and als d-7g (if applic
1	CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME			······································		
₹	6b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
	MANSEL	DJUANA		D.		
(	CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME					
₹	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX			
	MANSEL	JAMES		H.		30111
	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTR
	1256 HIGHWAY 35  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZA	TION 7f. JURISDICTION OF	ORGANIZATION	AL 70 OPC	35124 SANIZATIONAL ID #, if any	
	ORGANIZATION DEBTOR	71.0011.0011.001	ONOMIZATION	rg. Orc	PANIZATIONAL ID #, II any	
)	Describe collateral deleted or added, or give entire restate	ed collateral description, or describe	e collateral assigned.			
	NAME OF SECURED PARTY OF RECORD AUTHORIZING T	HIS AMENDMENT (name of assiuthorized by a Debtor, check here	gnor, if this is an Assignment) and enter name of DEBT	). If this i	s an Amendment authorized borizing this Amendment.	y a Debtor wh
a	dds collateral or adds the authorizing Debtor, or if this is a Termination a 9a. ORGANIZATION'S NAME	HIS AMENDMENT (name of assi uthorized by a Debtor, check here	gnor, if this is an Assignment and enter name of DEBT	). If this i	s an Amendment authorized borizing this Amendment.	y a Debtor wh
a	idds collateral or adds the authorizing Debtor, or if this is a Termination a	HIS AMENDMENT (name of assignments) and the second	and enter name of DEBT	). If this i	orizing this Amendment.	y a Debtor wh