			201011220002202	
	ENER A RACENIANA ENT		Shelby Cnty Judge of D	
CC FINANCING STATEME LLOW INSTRUCTIONS (front and back)		1	11/22/2010 10:50:35 AM F	Date, AL ILED/CERT
NAME & PHONE OF CONTACT AT FILE				
RUFFIN/205.226.1902	A A -			
SEND ACKNOWLEDGMENT TO: (Name	e and Address)			
ALABAMA POWER CON 600 NORTH 18TH STREE BIRMINGHAM, AL 3520	ET			
		THE AE	BOVE SPACE IS FOR FILING OF	FICE USE ONLY
INITIAL FINANCING STATEMENT FILE # 200	090123000021460/SHEL	BY	į.	STATEMENT AMENDMENT ord) (or recorded) in the CORDS.
★ TERMINATION: Effectiveness of the Fin				<del></del>
CONTINUATION: Effectiveness of the I continued for the additional period provided	_	with respect to security interest(s) of the	the Secured Party authorizing this Cor	ntinuation Statement is
ASSIGNMENT (full or partial): Give name	e of assignee in item 7a or 7b and add	dress of assignee in item 7c; and also di	ive name of assignor in item 9.	· . ·
AMENDMENT (PARTY INFORMATION)			heck only one of these two boxes.	
Also check one of the following three boxes and	- Lund	land and the second	<b>,</b>	
CHANGE name and/or address: Give current name (if name change) in item 7a or 7b and	nt record name in item 6a or 6b; also g	DELETE name: Give a litem 7c.		plete item 7a or 7b, and als plete items 7d-7g (if applic
CURRENT RECORD INFORMATION:	OF HEW BOOKESS (IF BOOKESS CHAINGE) III	riterir / C. F. Tro de deleted in item o	oa or ob.	piete items 70-79 (ii applic
6a. ORGANIZATION'S NAME			· · · · · · · · · · · · · · · · · · ·	
od. Oftonial oftonial				
6b. INDIVIDUAL'S LAST NAME	,	FIRST NAME	MIDDLE NAME	SUFFIX
		FIRST NAME JEFF	MIDDLE NAME S.	SUFFIX
6b. INDIVIDUAL'S LAST NAME LIVINGSTON CHANGED (NEW) OR ADDED INFORMATI			C	SUFFIX
66. INDIVIDUAL'S LAST NAME LIVINGSTON			C	SUFFIX
6b. INDIVIDUAL'S LAST NAME LIVINGSTON  CHANGED (NEW) OR ADDED INFORMATI  7a. ORGANIZATION'S NAME	ON:	JEFF	S.	
6b. INDIVIDUAL'S LAST NAME LIVINGSTON  CHANGED (NEW) OR ADDED INFORMATI  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME	ON:	JEFF FIRST NAME	S.  MIDDLE NAME	SUFFIX
6b. INDIVIDUAL'S LAST NAME LIVINGSTON  CHANGED (NEW) OR ADDED INFORMATI  7a. ORGANIZATION'S NAME	ON:	JEFF	S.	SUFFIX
6b. INDIVIDUAL'S LAST NAME LIVINGSTON  CHANGED (NEW) OR ADDED INFORMATI  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  LIVINGSTON  MAILING ADDRESS	ON:	JEFF FIRST NAME SHELIA	S.  MIDDLE NAME  M.	SUFFIX
6b. INDIVIDUAL'S LAST NAME LIVINGSTON  CHANGED (NEW) OR ADDED INFORMATI  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME LIVINGSTON  MAILING ADDRESS  100 PERSIMMON LN  TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION	ON:	JEFF  FIRST NAME  SHELIA  CITY	MIDDLE NAME  M.  STATE POSTAL COR  AL 35051	SUFFIX DE COUNTR
6b. INDIVIDUAL'S LAST NAME LIVINGSTON  CHANGED (NEW) OR ADDED INFORMATI  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME LIVINGSTON  MAILING ADDRESS  100 PERSIMMON LN  TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR	ON: 7e. TYPE OF ORGANIZATION	JEFF  FIRST NAME  SHELIA  CITY  COLUMBIANA	MIDDLE NAME  M.  STATE POSTAL COR  AL 35051	SUFFIX DE COUNTR
6b. INDIVIDUAL'S LAST NAME LIVINGSTON  CHANGED (NEW) OR ADDED INFORMATI  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME LIVINGSTON  MAILING ADDRESS  100 PERSIMMON LN  TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE	7e. TYPE OF ORGANIZATION  ): check only one box.	JEFF  FIRST NAME  SHELIA  CITY  COLUMBIANA  71. JURISDICTION OF ORGANIZATION	MIDDLE NAME  M.  STATE POSTAL COL  AL 35051  7g. ORGANIZATIONAL	SUFFIX DE COUNTR
6b. INDIVIDUAL'S LAST NAME LIVINGSTON  CHANGED (NEW) OR ADDED INFORMATI  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME LIVINGSTON  MAILING ADDRESS  100 PERSIMMON LN  TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION  ): check only one box.	JEFF  FIRST NAME  SHELIA  CITY  COLUMBIANA  71. JURISDICTION OF ORGANIZATION	MIDDLE NAME  M.  STATE POSTAL COL  AL 35051  7g. ORGANIZATIONAL	SUFFIX DE COUNTR
6b. INDIVIDUAL'S LAST NAME LIVINGSTON  CHANGED (NEW) OR ADDED INFORMATI  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME LIVINGSTON  MAILING ADDRESS  100 PERSIMMON LN  TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE	7e. TYPE OF ORGANIZATION  ): check only one box.	JEFF  FIRST NAME  SHELIA  CITY  COLUMBIANA  71. JURISDICTION OF ORGANIZATION	MIDDLE NAME  M.  STATE POSTAL COL  AL 35051  7g. ORGANIZATIONAL	SUFFIX DE COUNTR
6b. INDIVIDUAL'S LAST NAME LIVINGSTON  CHANGED (NEW) OR ADDED INFORMATI  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME LIVINGSTON  MAILING ADDRESS  100 PERSIMMON LN  TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE	7e. TYPE OF ORGANIZATION  ): check only one box.	JEFF  FIRST NAME  SHELIA  CITY  COLUMBIANA  71. JURISDICTION OF ORGANIZATION	MIDDLE NAME  M.  STATE POSTAL COL  AL 35051  7g. ORGANIZATIONAL	SUFFIX DE COUNTR
6b. INDIVIDUAL'S LAST NAME LIVINGSTON  CHANGED (NEW) OR ADDED INFORMATI  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME LIVINGSTON  MAILING ADDRESS  100 PERSIMMON LN  TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE	7e. TYPE OF ORGANIZATION  ): check only one box.	JEFF  FIRST NAME  SHELIA  CITY  COLUMBIANA  71. JURISDICTION OF ORGANIZATION	MIDDLE NAME  M.  STATE POSTAL COL  AL 35051  7g. ORGANIZATIONAL	SUFFIX DE COUNTR
6b. INDIVIDUAL'S LAST NAME LIVINGSTON  CHANGED (NEW) OR ADDED INFORMATI  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME LIVINGSTON  MAILING ADDRESS  100 PERSIMMON LN  TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE	7e. TYPE OF ORGANIZATION  ): check only one box.	JEFF  FIRST NAME  SHELIA  CITY  COLUMBIANA  71. JURISDICTION OF ORGANIZATION	MIDDLE NAME  M.  STATE POSTAL COL  AL 35051  7g. ORGANIZATIONAL	SUFFIX DE COUNTR
6b. INDIVIDUAL'S LAST NAME LIVINGSTON  CHANGED (NEW) OR ADDED INFORMATI  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME LIVINGSTON  MAILING ADDRESS  100 PERSIMMON LN  TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE	7e. TYPE OF ORGANIZATION  ): check only one box.	JEFF  FIRST NAME  SHELIA  CITY  COLUMBIANA  71. JURISDICTION OF ORGANIZATION	MIDDLE NAME  M.  STATE POSTAL COL  AL 35051  7g. ORGANIZATIONAL	SUFFIX DE COUNTR
6b. INDIVIDUAL'S LAST NAME LIVINGSTON  CHANGED (NEW) OR ADDED INFORMATI  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME LIVINGSTON  MAILING ADDRESS  100 PERSIMMON LN  TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE	7e. TYPE OF ORGANIZATION  ): check only one box.	JEFF  FIRST NAME  SHELIA  CITY  COLUMBIANA  71. JURISDICTION OF ORGANIZATION	MIDDLE NAME  M.  STATE POSTAL COL  AL 35051  7g. ORGANIZATIONAL	SUFFIX DE COUNTR
6b. INDIVIDUAL'S LAST NAME LIVINGSTON  CHANGED (NEW) OR ADDED INFORMATI  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME LIVINGSTON  MAILING ADDRESS  100 PERSIMMON LN  TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE	7e. TYPE OF ORGANIZATION  ): check only one box.	JEFF  FIRST NAME  SHELIA  CITY  COLUMBIANA  71. JURISDICTION OF ORGANIZATION	MIDDLE NAME  M.  STATE POSTAL COL  AL 35051  7g. ORGANIZATIONAL	SUFFIX DE COUNTR
6b. INDIVIDUAL'S LAST NAME LIVINGSTON  CHANGED (NEW) OR ADDED INFORMATI  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME LIVINGSTON  MAILING ADDRESS  100 PERSIMMON LN  TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE	7e. TYPE OF ORGANIZATION  ): check only one box.	JEFF  FIRST NAME  SHELIA  CITY  COLUMBIANA  71. JURISDICTION OF ORGANIZATION	MIDDLE NAME  M.  STATE POSTAL COL  AL 35051  7g. ORGANIZATIONAL	SUFFIX DE COUNTR
6b. INDIVIDUAL'S LAST NAME LIVINGSTON  CHANGED (NEW) OR ADDED INFORMATI  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME LIVINGSTON  MAILING ADDRESS  100 PERSIMMON LN  TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE	7e. TYPE OF ORGANIZATION  ): check only one box.	JEFF  FIRST NAME  SHELIA  CITY  COLUMBIANA  71. JURISDICTION OF ORGANIZATION	MIDDLE NAME  M.  STATE POSTAL COL  AL 35051  7g. ORGANIZATIONAL	SUFFIX DE COUNTR
6b. INDIVIDUAL'S LAST NAME LIVINGSTON  CHANGED (NEW) OR ADDED INFORMATI  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME LIVINGSTON  MAILING ADDRESS  100 PERSIMMON LN  TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE	7e. TYPE OF ORGANIZATION  ): check only one box. or give entire restated collateral	FIRST NAME SHELIA CITY COLUMBIANA 7f. JURISDICTION OF ORGANIZATION description, or describe collateral	MIDDLE NAME M. STATE POSTAL COR AL 35051 To 7g. ORGANIZATIONAL  assigned.	SUFFIX DE COUNTR
6b. INDIVIDUAL'S LAST NAME LIVINGSTON  CHANGED (NEW) OR ADDED INFORMATI  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME LIVINGSTON  MAILING ADDRESS  100 PERSIMMON LN  TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE Describe collateral deleted or added,	7e. TYPE OF ORGANIZATION  2): check only one box. or give entire restated collateral of the collateral	FIRST NAME SHELIA CITY COLUMBIANA 7f. JURISDICTION OF ORGANIZATION  description, or describe collateral	MIDDLE NAME M. STATE POSTAL COL AL 35051 N 7g. ORGANIZATIONAL  assigned.	SUFFIX  DE COUNTR  ID #, if any
6b. INDIVIDUAL'S LAST NAME LIVINGSTON  CHANGED (NEW) OR ADDED INFORMATI  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME LIVINGSTON  MAILING ADDRESS  100 PERSIMMON LN  TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE Describe collateral deleted or added.)  NAME OF SECURED PARTY OF RECORDS COLLABOR COLLAB	ON:  7e. TYPE OF ORGANIZATION  ): check only one box. or give entire restated collateral of this is a Termination authorized by	FIRST NAME SHELIA CITY COLUMBIANA 7f. JURISDICTION OF ORGANIZATION  description, or describe collateral	MIDDLE NAME M. STATE POSTAL COL AL 35051 N 7g. ORGANIZATIONAL  assigned.	SUFFIX  DE COUNTR  ID #, if any
Gb. INDIVIDUAL'S LAST NAME LIVINGSTON  CHANGED (NEW) OR ADDED INFORMATI  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME LIVINGSTON  MAILING ADDRESS  100 PERSIMMON LN  TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE ORGANIZATION DEBTOR)  AMENDMENT (COLLATERAL CHANGE ORGANIZATION DEBTOR)  NAME OF SECURED PARTY OF RECORD ADDRESS ORGANIZATION'S NAME  ALABAMA POWER COMP	ON:  7e. TYPE OF ORGANIZATION  2): check only one box. or give entire restated collateral of this is a Termination authorized by  ANY	FIRST NAME SHELIA CITY COLUMBIANA 7f. JURISDICTION OF ORGANIZATION  description, or describe collateral  DMENT (name of assignor, if this is an a Debtor, check here and enter name	MIDDLE NAME M.  STATE POSTAL COR AL 35051  To 7g. ORGANIZATIONAL  assigned.  In Assignment). If this is an Amendment ame of DEBTOR authorizing this Amendment and the correct of the corre	SUFFIX  DE COUNTR  ID #, if any  t authorized by a Debtor when the country of the
6b. INDIVIDUAL'S LAST NAME LIVINGSTON  CHANGED (NEW) OR ADDED INFORMATI  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME LIVINGSTON  MAILING ADDRESS  100 PERSIMMON LN  TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE Describe collateral deleted or added.)  NAME OF SECURED PARTY OF RECORDS COLLABOR COLLAB	ON:  7e. TYPE OF ORGANIZATION  2): check only one box. or give entire restated collateral of this is a Termination authorized by  ANY	FIRST NAME SHELIA CITY COLUMBIANA 7f. JURISDICTION OF ORGANIZATION  description, or describe collateral	MIDDLE NAME M. STATE POSTAL COL AL 35051 N 7g. ORGANIZATIONAL  assigned.	SUFFIX  DE COUNTR  ID #, if any