UCC FINANCING STATEMENT AMENDMENT  FOLLOW INSTRUCTIONS (front and back) CAREFULLY  A. NAME & PHONE OF CONTACT AT FILER [optional]  I. DI JEETN/205 226 1902			20110118000018100 171		
J. RUFFIN/205.226.1902  B. SEND ACKNOWLEDGMENT TO: (Name and Address)			2011 2011	0118000018100 1/1	\$ 00
<u></u>	( ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (			Orty Judge of 3/2011 04:05:29 P	D
ALABAMA POWER				04.05:29 P	M FILED/CERT
600 NORTH 18TH S BIRMINGHAM, AL					
Diktinitali, AL	, 55205				
<u></u>		THE ABOVE	SDACE IS EA	ND EIL ING AFFICE LIGI	E ONI V
. INITIAL FINANCING STATEMENT FIL	LE#	INCADOVE		OR FILING OFFICE US	
	20070621000291710/SH	ELBY	111	be filed [for record] (or record)	orded) in the
★ TERMINATION: Effectiveness	of the Financing Statement identified above	s is terminated with respect to security interest(s) of			tion Statement.
CONTINUATION: Effectivenes	ss of the Financing Statement identified ab	bove with respect to security interest(s) of the Sec			
continued for the additional period	f provided by applicable law.				
ASSIGNMENT (full or partial):	Give name of assignee in item 7a or 7b and	d address of assignee in item 7c; and also give nam	ne of assignor in	item 9.	·
AMENDMENT (PARTY INFORM	MATION): This Amendment affects	Debtor or Secured Party of record. Check on	nly <u>one</u> of these	two boxes.	
	oxes and provide appropriate information in				
name (if name change) in item 7a	Sive current record name in item 6a or 6b; a or 7b and/or new address (if address chang	lso give new DELETE name: Give record to be deleted in item 6a or 6b		DD name: Complete item 7 em 7c; also complete items	'a or 7b, and also 7d-7g (if applicable
CURRENT RECORD INFORMATIC	ON:				
6a. ORGANIZATION'S NAME					
R 6b. INDIVIDUAL'S LAST NAME		TEIDOT MANG		Louisen	
TAYLOR		JAMES	MIDDLE NAME H.		SUFFIX
			11.		
7a. ORGANIZATION'S NAME	ORMATION:	· · · · · · · · · · · · · · · · · · ·			
7b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME		SUFFIX
BOND		SHANNON	T.		
. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
MAILING ADDRESS			1	35242	
MAILING ADDRESS 5456 SUNRISE DRIVE		BIRMINGHAM	AL	[ +	
5456 SUNRISE DRIVE TAX ID #: SSN OR EIN   ADD'L IN		BIRMINGHAM  7f. JURISDICTION OF ORGANIZATION	AL	ANIZATIONAL ID #, if any	
5456 SUNRISE DRIVE	IZATION I		AL		<del></del> 1
5456 SUNRISE DRIVE  TAX ID #: SSN OR EIN ADD'L IN ORGANIZ	ZATION R		AL		<b></b> 1
5456 SUNRISE DRIVE  TAX ID #: SSN OR EIN ADD'L IN ORGANIZ  ORGANIZ  DEBTOR  AMENDMENT (COLLATERAL C	ZATION  CHANGE): check only <u>one</u> box.	7f. JURISDICTION OF ORGANIZATION	7g. ORG		<b>[</b> ]
5456 SUNRISE DRIVE  TAX ID #: SSN OR EIN ADD'L IN ORGANIZ DEBTOR  AMENDMENT (COLLATERAL C	ZATION  CHANGE): check only <u>one</u> box.		7g. ORG		<b></b> 1
5456 SUNRISE DRIVE  TAX ID #: SSN OR EIN ADD'L IN ORGANIZ  ORGANIZ  DEBTOR  AMENDMENT (COLLATERAL C	ZATION  CHANGE): check only <u>one</u> box.	7f. JURISDICTION OF ORGANIZATION	7g. ORG		<b></b> 1
5456 SUNRISE DRIVE  TAX ID #: SSN OR EIN ADD'L IN ORGANIZ DEBTOR  AMENDMENT (COLLATERAL C	ZATION  CHANGE): check only <u>one</u> box.	7f. JURISDICTION OF ORGANIZATION	7g. ORG		<b></b> 1
5456 SUNRISE DRIVE  TAX ID #: SSN OR EIN ADD'L IN ORGANIZ DEBTOR  AMENDMENT (COLLATERAL C	ZATION  CHANGE): check only <u>one</u> box.	7f. JURISDICTION OF ORGANIZATION	7g. ORG		<b></b> 1
I. TAX ID #: SSN OR EIN ADD'L IN ORGANIZ DEBTOR AMENDMENT (COLLATERAL C	ZATION  CHANGE): check only <u>one</u> box.	7f. JURISDICTION OF ORGANIZATION	7g. ORG		<b></b> 1
5456 SUNRISE DRIVE  I. TAX ID #: SSN OR EIN ADD'L IN ORGANIZ  ORGANIZ  DEBTOR  AMENDMENT (COLLATERAL C	ZATION  CHANGE): check only <u>one</u> box.	7f. JURISDICTION OF ORGANIZATION	7g. ORG		<b></b> 1
5456 SUNRISE DRIVE  TAX ID #: SSN OR EIN ADD'L IN ORGANIZ DEBTOR  AMENDMENT (COLLATERAL C	ZATION  CHANGE): check only <u>one</u> box.	7f. JURISDICTION OF ORGANIZATION	7g. ORG		<b></b> 1
5456 SUNRISE DRIVE  TAX ID #: SSN OR EIN ADD'L IN ORGANIZ DEBTOR  AMENDMENT (COLLATERAL C	ZATION  CHANGE): check only <u>one</u> box.	7f. JURISDICTION OF ORGANIZATION	7g. ORG		<b></b> 1
5456 SUNRISE DRIVE  TAX ID #: SSN OR EIN ADD'L IN ORGANIZ DEBTOR  AMENDMENT (COLLATERAL C	ZATION  CHANGE): check only <u>one</u> box.	7f. JURISDICTION OF ORGANIZATION	7g. ORG		<b>[</b> ]
5456 SUNRISE DRIVE  TAX ID #: SSN OR EIN ADD'L IN ORGANIZ DEBTOR  AMENDMENT (COLLATERAL C	ZATION  CHANGE): check only <u>one</u> box.	7f. JURISDICTION OF ORGANIZATION	7g. ORG		<del>[</del> ]
. TAX ID #: SSN OR EIN ADD'L IN ORGANIZ DEBTOR AMENDMENT (COLLATERAL C Describe collateral deleted or	ZATION   R	7f. JURISDICTION OF ORGANIZATION eral description, or describe collateral assign	7g. ORG	SANIZATIONAL ID #, if any	NON
TAX ID #: SSN OR EIN ADD'L IN ORGANIZ DEBTOR  AMENDMENT (COLLATERAL COLLATERAL COLLATERA COLLATERA COLLATERA COLLATERA COLLATERA COLLATERA COLLATERA COLLATERA COLLATERA COLLATE	CHANGE): check only one box.  added, or give entire restated collate.  OF RECORD AUTHORIZING THIS AM	7f. JURISDICTION OF ORGANIZATION eral description, or describe collateral assign  MENDMENT (name of assignor, if this is an Assign	nment). If this is	SANIZATIONAL ID #, if any	NON
TAX ID #: SSN OR EIN ADD'L IN ORGANIZ DEBTOR  AMENDMENT (COLLATERAL CONTROL Describe collateral deleted or MAME OF SECURED PARTY (adds collateral or adds the authorizing deleted)	CHANGE): check only one box.  added, or give entire restated collate.  OF RECORD AUTHORIZING THIS AM	7f. JURISDICTION OF ORGANIZATION eral description, or describe collateral assign	nment). If this is	SANIZATIONAL ID #, if any	NON
TAX ID #: SSN OR EIN ADD'L IN ORGANIZ DEBTOR  AMENDMENT (COLLATERAL COLLATERAL COLLATERA	CHANGE): check only one box.  added, or give entire restated collate  OF RECORD AUTHORIZING THIS AM  Debtor, or if this is a Termination authorize	7f. JURISDICTION OF ORGANIZATION eral description, or describe collateral assign  MENDMENT (name of assignor, if this is an Assign	nment). If this is	SANIZATIONAL ID #, if any	NONE
TAX ID #: SSN OR EIN ADD'L IN ORGANIZ DEBTOR  AMENDMENT (COLLATERAL CONTROL Describe collateral deleted or MAME OF SECURED PARTY (adds collateral or adds the authorizing deleted)	CHANGE): check only one box.  added, or give entire restated collate  OF RECORD AUTHORIZING THIS AM  Debtor, or if this is a Termination authorize	7f. JURISDICTION OF ORGANIZATION eral description, or describe collateral assign  MENDMENT (name of assignor, if this is an Assign	nment). If this is	SANIZATIONAL ID #, if any orizing this Amendment.	NONE