ALABAMA POWER COMPANY 600 NORTH 18TH STREET BIRMINGHAM, AL 35203 INITIAL FINANCING STATEMENT FILE # 201009220003118:		20110124000024600 1/1 \$.00 Shelby Cnty Judge of Probate; 01/24/2011 03:12:25 PM FILED/C	AL
600 NORTH 18TH STREET BIRMINGHAM, AL 35203 INITIAL FINANCING STATEMENT FILE # 201009220003118:		Shelby 0112:25 PM FILED/C 01/24/2011 03:12:25 PM FILED/C	EKI
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		ABOVE SPACE IS FOR FILING OFFICE 1b. This FINANCING STATEN	
		to be filed [for record] (or record) to be filed [for record] to be filed [for record] to be filed [for record] (or record).	recorded) in the S.
★ TERMINATION: Effectiveness of the Financing Statement identif			
CONTINUATION: Effectiveness of the Financing Statement ide continued for the additional period provided by applicable law.	entified above with respect to security interest(s)	of the Secured Party authorizing this Continuation	n Statement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a	or 7b and address of assignee in item 7c; and als	o give name of assignor in item 9.	
AMENDMENT (PARTY INFORMATION): This Amendment affe	cts Debtor or Secured Party of record.	Check only one of these two boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate info		ivo recerd name.	
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 CHERENT RECORD INCORNATION	a or 6b; also give new DELETE name: Gives some of the deleted in item of the deleted in ite		m 7a or 7b, and als ms 7d-7g (if applica
CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
FOSTER	TINA	DENICE	
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
FOSTER	CHRIS	E.	
MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTR
1621 HIGHWAY 440 TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZA	CHELSEA	AL 35043	<u>. </u>
ORGANIZATION '	ATION 7f. JURISDICTION OF ORGANIZAT	TION 7g. ORGANIZATIONAL ID #, if a	any ——
MENDMENT (COLLATERAL CHANGE): check only one box.			١
escribe collateral deleted or added, or give entire restat	ed collateral description, or describe collateral		
	ed conateral description, or describe conateral	assigned.	
NAME OF SECURED PARTY OF RECORD AUTHORIZING	THIS AMENDMENT (name of assignor, if this is	s an Assignment). If this is an Amendment authori	ized by a Dobtor wh
dds collateral or adds the authorizing Debtor, or if this is a Termination	authorized by a Debtor, check here and enter	name of DEBTOR authorizing this Amendment.	zed by a Debtor wn
9a. ORGANIZATION'S NAME			
ALABAMA POWER COMPANY	W		
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX