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  600 NORTH 18TH STREET  BIRMINGHAM, AL 35203		20110124000024660 1/1 \$.00 20110124000024660 1/1 \$.00 Shelby Cnty Judge of Probate; AL 01/24/2011 03:12:31 PM FILED/CERT		
		THE ABOVE SPACE IS F	OR FILING OFFICE U	SE ONLY
. INITIAL FINANCING STATEMENT FILE# 20100428000129210/SHELBY		1b. This FINANCING STATEMENT AMENDMENT to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.		
TERMINATION: Effectiveness of the Financing Statement idea		curity interest(s) of the Secured F	Party authorizing this Termin	
CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable law.	identified above with respect to security inte	rest(s) of the Secured Party au	thorizing this Continuation	Statement is
ASSIGNMENT (full or partial): Give name of assignee in item	7a or 7b and address of assignee in item 7c;	and also give name of assignor	in item 9.	
AMENDMENT (PARTY INFORMATION): This Amendment a		record. Check only one of thes		
Also check one of the following three boxes and provide appropriate in	nformation in items 6 and/or 7.			
CHANGE name and/or address: Give current record name in item name (if name change) in item 7a or 7b and/or new address (if address)	n 6a or 6b; also give new DELETE na dress change) in item 7c. to be delete	ame: Give record name do in item 6a or 6b.	ADD name: Complete item item 7c; also complete item	7a or 7b, and als s 7d-7g (if applica
CURRENT RECORD INFORMATION:				
6a. ORGANIZATION'S NAME				
Ch. INIDIVADUALIO LACTINANAS		T	<u></u>	
6b. INDIVIDUAL'S LAST NAME  BAKER	FIRST NAME		E NAME	SUFFIX
	SHIRLEY	HIT	ES	
CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME	······································	······································	<b>*************************************</b>	
7a. ONGANIZATION S NAIVIE				
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	IMIDDI	E NAME	SUFFIX
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MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTR
	HELENA	AL	35080	
129 ST. CHARLES DR		·- ·- ·- ·- ·	GANIZATIONAL ID #, if an	y
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