CC FINANCING STATEMENT AMEN	IDMENT				
LLOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional]					
RUFFIN/205.226.1902					
SEND ACKNOWLEDGMENT TO: (Name and Address)					
ALABAMA POWER COMPANY			1 		
600 NORTH 18TH STREET					
BIRMINGHAM, AL 35203		20110202000036210 1/1 \$.00 Shelby Cnty Judge of Probate, AL			
		02/02/	Cnty Ju 2011 11:	idge of Probate, Al 03:20 AM FILED/CER	- >-
1					₹ [
INITIAL FINANCING STATEMENT FILE#		THE ABOVE S		OR FILING OFFICE USE is FINANCING STATEMENT	
20100922000311970/SHELBY		to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.			
TERMINATION: Effectiveness of the Financing Statement idea					
CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable law.	identified above with respect to se	curity interest(s) of the Secur	ed Party aut	horizing this Continuation Sta	atement is
ASSIGNMENT (full or partial): Give name of assignee in item	7a or 7b and address of assignee i	n item 7c; and also give name	of assignor i	n item 9.	· · · · · · · · · · · · · · · · · · ·
AMENDMENT (PARTY INFORMATION): This Amendment a	affects Debtor or Secured	d Party of record. Check only			
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate in CHANGE name and/or address: Give current record name in item	information 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 ad	I da or op; also give new Idress change) in item 7c.	ELETE name: Give record na be deleted in item 6a or 6b.		NDD name: Complete item 7a em 7c; also complete items 7	or 7b, and al
CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME					
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	······································	MIDDLE	NAME	SUFFIX
STEPHENSON	BRIAN				
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME					
7 a. ONGANIZATION S NAME					
7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	E NAME	SUFFIX
STEPHENSON	JESSICA		M.		
MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTR
TAX ID #: SSN OR EIN ADD'L INFO RE 17e, TYPE OF ORGAN	BIRMING		AL	35242	
TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGAN ORGANIZATION DEBTOR	IZATION //LJURISDICTION	OFORGANIZATION	7g, OR	GANIZATIONAL ID #, if any	
MENDMENT (COLLATERAL CHANGE): check only one box	· · · · · · · · · · · · · · · · · · ·				
escribe collateral deleted or added, or give entire res		scribe collateral Dassigner	{		
		assigned	•		
IAME OF SECURED PARTY OF RECORD AUTHORIZING	G THIS AMENDMENT (name of	assignor, if this is an Assignm	ent) If this i	s an Amendment sutherized b	w a Mahtar
dus collateral or accis the authorizing Debtor, or if this is a Terminatio	G THIS AMENDMENT (name of an authorized by a Debtor, check he	assignor, if this is an Assignmere and enter name of DE	ent). If this i	s an Amendment authorized borizing this Amendment.	y a Debtor wh
9a. ORGANIZATION'S NAME	G THIS AMENDMENT (name of on authorized by a Debtor, check he	assignor, if this is an Assignmere and enter name of DE	ent). If this is	s an Amendment authorized borizing this Amendment.	y a Debtor wh
IAME OF SECURED PARTY OF RECORD AUTHORIZING dds collateral or adds the authorizing Debtor, or if this is a Termination of the second se	on authorized by a Debtor, check he	assignor, if this is an Assignmere and enter name of DE	BTOR auth	orizing this Amendment.	y a Debtor wh
9a. ORGANIZATION'S NAME	G THIS AMENDMENT (name of on authorized by a Debtor, check he	assignor, if this is an Assignmere and enter name of DE	ent). If this is BTOR authorized MIDDLE	orizing this Amendment.	y a Debtor wh