OLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]  [. RUFFIN/205.226.1902  B. SEND ACKNOWLEDGMENT TO: (Name and Address)  ALABAMA POWER COMPANY 600 NORTH 18TH STREET BIRMINGHAM, AL 35203		20110209000047420 1/1 \$.00 Shelby Cnty Judge of Probat 02/09/2011 02:43:23 PM FILE	e. Ai
a. INITIAL FINANCING STATEMENT FILE # 20050420000186870/S		ABOVE SPACE IS FOR FILING OFFICE  1b. This FINANCING STATE to be filed [for record] (or	MENT AMENDMENT
TERMINATION: Effectiveness of the Financing Statement identified ab	····	REAL ESTATE RECORD	os.
CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law.			
AMENDMENT (PARTY INFORMATION): This Amendment affects  Also check one of the following three boxes and provide appropriate informatio  CHANGE name and/or address: Give current record name in item 6a or 6th name (if name change) in item 7a or 7b and/or new address (if address change) in item 7a or 7b and/or new address (if address change) in item 7a or 7b and/or new address (if address change) in item 7a or 7b and/or new address (if address change) in item 7a or 7b and/or new address (if address change) in item 7a or 7b and/or new address (if address change) in item 7a or 7b and/or new address (if address change) in item 7a or 7b and/or new address (if address change) in item 6a. ORGANIZATION'S NAME	n in items 6 and/or 7.		tem 7a or 7b, and also tems 7d-7g (if applicat
6b. INDIVIDUAL'S LAST NAME  LORREN	FIRST NAME  LORETTA	MIDDLE NAME H.	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME			
TO INDIVIDUALIO LACTALANE	FIRST NAME	MIDDLE NAME	SUFFIX
7b. INDIVIDUAL'S LAST NAME  LORREN		<b>T</b>	
LORREN MAILING ADDRESS	MICHAEL	D.  STATE POSTAL CODE	COUNTRY
LORREN MAILING ADDRESS 4427 ENGLEWOOD RD	MICHAEL CITY HELENA	STATE POSTAL CODE AL 35080	COUNTRY
LORREN MAILING ADDRESS 4427 ENGLEWOOD RD	MICHAEL  CITY  HELENA	STATE POSTAL CODE AL 35080	any
LORREN MAILING ADDRESS 4427 ENGLEWOOD RD  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR   AMENDMENT (COLLATERAL CHANGE): check only one box.	MICHAEL CITY HELENA 7f. JURISDICTION OF ORGANIZATI	STATE POSTAL CODE  AL 35080  ON 7g. ORGANIZATIONAL ID #, if	any
MAILING ADDRESS  4427 ENGLEWOOD RD  TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restated collaboration.	MICHAEL CITY HELENA 7f. JURISDICTION OF ORGANIZATI ateral description, or describe collateral  AMENDMENT (name of assignor, if this is	STATE POSTAL CODE AL 35080  ON 7g. ORGANIZATIONAL ID #, if  assigned.	rized by a Debtor which
MAILING ADDRESS  4427 ENGLEWOOD RD  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral   deleted or   added, or give entire   restated collateral   restated collateral   added, or give entire   restated collateral   added   restated collateral   added   restated collateral   added   restated collateral   added   restated   restated collateral   added   restated   restated	MICHAEL CITY HELENA 7f. JURISDICTION OF ORGANIZATI ateral description, or describe collateral  AMENDMENT (name of assignor, if this is	STATE POSTAL CODE AL 35080  ON 7g. ORGANIZATIONAL ID #, if  assigned.	rized by a Debtor which
MAILING ADDRESS  4427 ENGLEWOOD RD  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral   deleted or   added, or give entire   restated collateral organization organization organization and the authorizing Debtor, or if this is a Termination authorizing deleted or if this is a Termination authorizing deleted or if this is a Termination authorizing Debtor, or if this is a Termination authorizing Debtor, or if this is a Termination authorizing Debtor.	MICHAEL CITY HELENA 7f. JURISDICTION OF ORGANIZATI ateral description, or describe collateral  AMENDMENT (name of assignor, if this is	STATE POSTAL CODE AL 35080  ON 7g. ORGANIZATIONAL ID #, if  assigned.	rized by a Debtor which