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			20110209000047440 1/1 \$.00 Shelby Cnty Judge of Probate, AL 02/09/2011 02:43:25 PM FILED/CERT		
		THE A	BOVE SPACE IS E	OR FILING OFFICE U	ICE ONI V
a.	INITIAL FINANCING STATEMENT FILE # 20060630000315860/SI		1b. T	his FINANCING STATEME	ENT AMENDMEN
<u>.</u> [	TERMINATION: Effectiveness of the Financing Statement identified abo		II I R	be filed [for record] (or reEAL ESTATE RECORDS.	
	CONTINUATION: Effectiveness of the Financing Statement identified	above with respect to security interest(s) of	the Secured Party aut	thorizing this Continuation	nation Statement. Statement is
	applicable law.				
<u>.</u>	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b a				
	<u>.                                    </u>	Debtor or Secured Party of record. Co	neck only <u>one</u> of these	two boxes.	
	Also check one of the following three boxes and provide appropriate information CHANGE name and/or address: Give current record name in item 6a or 6b;	also dive now			
	name (ii name change) in item /a or /b and/or new address (if address chai	nge) in item 7c.  DELETE name: Give to be deleted in item 6		NDD name: Complete item em 7c; also complete item	n 7a or 7b, and als ns 7d-7g (if applica
	CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME	······································		······································	
	TOU. OR ON TON STATIST				
R	6b. INDIVIDUAL'S LAST NAME				
	SQUYRES	FIRST NAME	MIDDLE	NAME	SUFFIX
	JQU I RES	JEFF			
	CHANGED (NEW) OR ADDED INFORMATION:		· · · · · · · · · · · · · · · · · · ·		
	7a. ORGANIZATION'S NAME				
2	75 15 15 15 15 15 15 15 15 15 15 15 15 15				
	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
	SQUYRES	BETTY			
_	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	232 SILVER CREEK PKWY	ALABASTER	AL	35007	
2		7f. JURISDICTION OF ORGANIZATION	7g. ORC	SANIZATIONAL ID #, if an	y
2	TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION				ГП.
2					N
2 A	TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  MENDMENT (COLLATERAL CHANGE): check only one box.				
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2	TAX ID #: S\$N OR EIN ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR		assigned.		
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2 A	TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  MENDMENT (COLLATERAL CHANGE): check only one box.		assigned		
A D	ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR  MENDMENT (COLLATERAL CHANGE): check only one box. escribe collateral deleted or added, or give entire restated colla	iteral description, or describe collateral			
2 - A	AME OF SECURED PARTY OF RECORD AUTHORIZING THIS A	MENDMENT (name of assignor, if this is an	Assignment) If this is	an Amendment authorize	d by a Debtor whi
A Do	AME OF SECURED PARTY OF RECORD AUTHORIZING THIS A	MENDMENT (name of assignor, if this is an	Assignment) If this is	an Amendment authorize	d by a Debtor whi
N/ad	AME OF SECURED PARTY OF RECORD AUTHORIZING THIS A des collateral or adds the authorizing Debtor, or if this is a Termination authorized and CRANIZATION ORGANIZATION or GRANIZATION DEBTOR  AME OF SECURED PARTY OF RECORD AUTHORIZING THIS A des collateral or adds the authorizing Debtor, or if this is a Termination authorized and ORGANIZATION'S NAME	MENDMENT (name of assignor, if this is an	Assignment) If this is	an Amendment authorize orizing this Amendment.	d by a Debtor whi
Nad R	AME OF SECURED PARTY OF RECORD AUTHORIZING THIS A lds collateral or adds the authorizing Debtor, or if this is a Termination authorized ALABAMA POWER COMPANY	MENDMENT (name of assignor, if this is an	Assignment) If this is	an Amendment authorized	d by a Debtor whi
Nad R	AME OF SECURED PARTY OF RECORD AUTHORIZING THIS A des collateral or adds the authorizing Debtor, or if this is a Termination authorized and CRANIZATION ORGANIZATION or GRANIZATION DEBTOR  AME OF SECURED PARTY OF RECORD AUTHORIZING THIS A des collateral or adds the authorizing Debtor, or if this is a Termination authorized and ORGANIZATION'S NAME	MENDMENT (name of assignor, if this is an	Assignment) If this is	orizing this Amendment.	d by a Debtor whi