OLLOW INSTRUCTION	G STATEMENT AMEI S (front and back) CAREFULLY CONTACT AT FILER [optional]	IDMENT			
. RUFFIN/205.226	• , , ,		Shelby	07000076390 1/1 \$ Cnty Judge of Pro 2011 03:03:33 PM (29.00
ALABAMA 600 NORTH	POWER COMPANY 18TH STREET AM, AL 35203				TLED/CERT
			THE ADOVE ODA:	CE IO EOD EIL INO OFF	ICE HOE ONLY
a. INITIAL FINANCING STA	TEMENT FILE # 2006040700016	0790/SHELBY		to be filed [for record	ATEMENT AMENDMENT is) (or recorded) in the
. TERMINATION: E	fectiveness of the Financing Statement id	entified above is terminated with resp		REAL ESTATE REC	
CONTINUATION:	Effectiveness of the Financing Statemer tional period provided by applicable law.	it identified above with respect to se	curity interest(s) of the Secured F	Party authorizing this Contir	nuation Statement is
. ASSIGNMENT (full	or partial): Give name of assignee in iter	n 7a or 7b and address of assignee in	n item 7c; and also give name of a	ssignor in item 9.	
	Y INFORMATION): This Amendment	haani inni	d Party of record. Check only one	of these two boxes.	
CHANGE name and/or	wing three boxes <u>and</u> provide appropriate address: Give current record name in ite	em 6a or 6b; also give new	ELETE name: Give record name	ADD name: Comple	ete item 7a or 7b, and also
CURRENT RECORD IN) in item 7a or 7b and/or new address (if a FORMATION:	address change) in item 7c.	be deleted in item 6a or 6b.	item 7c; also comple	ete items 7d-7g (if applicab
6a. ORGANIZATION'S I	NAME				· · · · · · · · · · · · · · · · · · ·
R 6b. INDIVIDUAL'S LAST	NAME	FIRST NAME	 	MIDDLE NAME	SUFFIX
CHANDLER		DWIGHT		JASON	
. CHANGED (NEW) OR A					
R 75. INDIVIDUAL'S LAST	NAME	FIRST NAME		INJUDIUS NAME	Touren
CHANDLER		ANISSA		MIDDLE NAME DURDEN	SUFFIX
c. MAILING ADDRESS		CITY		STATE POSTAL CODE	COUNTRY
4 TAY ID # SSN OR FINE LADDIL INFO DE 17 TYPE OF OPPOANT		ALABAST		AL 35007	
d. TAX ID #: SSN OR EIN	ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR	ANIZATION 71. JURISDICTION	NOF ORGANIZATION	7g. ORGANIZATIONAL ID	· ,
. AMENDMENT (COLL	ATERAL CHANGE): check only <u>one</u> b	ox.			NO
Describe collateralde	leted or added, or give entire r	estated collateral description, or des	scribe collateral assigned.		
	PARTY OF RECORD AUTHORIZI authorizing Debtor, or if this is a Termina	NG THIS AMENDMENT (name on authorized by a Debtor, check he	f assignor, if this is an Assignment) ere and enter name of DEBT). If this is an Amendment a OR authorizing this Amend	uthorized by a Debtor whice
9a. ORGANIZATION'S N	IAME				
9a. ORGANIZATION'S N	OWER COMPANY	FIRST NAME		MIDDLE NAME	SUFFIX