			201	10324000093860 1	/2 \$ 00
	C FINANCING STATEMENT AMENDMEI LOW INSTRUCTIONS (front and back) CAREFULLY	NT	She	lby Cnty Judge 0 24/2011 03:01:46	f Probate, AL
Α. Ι	NAME & PHONE OF CONTACT AT FILER [optional] RUFFIN/205.226.1902		03,		
	SEND ACKNOWLEDGMENT TO: (Name and Address)				
	ALABAMA POWER COMPANY				
	600 NORTH 18TH STREET				
	BIRMINGHAM, AL 35203				
		THE ABOVE	SPACE IS E	OR FILING OFFICE U	ISE ONL V
a. I	NITIAL FINANCING STATEMENT FILE # 20110209000047430/SHI		1b. Th	nis FINANCING STATEME	ENT AMENDMENT is
<u>, </u>			III RI	be filed [for record] (or re EAL ESTATE RECORDS.	
,	TERMINATION: Effectiveness of the Financing Statement identified above CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law	ove with respect to security interest(s) of the Sec	f the Secured Party aut	arty authorizing this Termin	nation Statement.
<u>.</u>	continued for the additional period provided by applicable law.	The General Control of	cured marty aut	monizing this Continuation	Statement is
<u>. </u>	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	address of assignee in item 7c; and also give nar	me of assignor i	n item 9.	
	MENDMENT (PARTY INFORMATION): This Amendment affects Do not be so check one of the following three boxes and provide appropriate information in	ebtor or Secured Party of record. Check or	nly <u>one</u> of these	two boxes.	
	CHANGE name and/or address: Give current record name in item 6a or 6b; als name (if name change) in item 7a or 7b and/or new address (if address change	so give new DELETE name: Give record	name 🗀 A	DD name: Complete item	7a or 7b. and also
	URRENT RECORD INFORMATION:	e) in item 7c to be deleted in item 6a or 6t	b. it	em 7c; also complete item	ns 7d-7g (if applicable
	6a. ORGANIZATION'S NAME				
,					
R	6b. INDIVIDUAL'S LAST NAME	CIDOT MANAG			
- 1	6b. INDIVIDUAL'S LAST NAME MEGGS	FIRST NAME JAMES	MIDDLE	NAME	SUFFIX
		FIRST NAME JAMES	MIDDLE M.	NAME	SUFFIX JR.
. C	MEGGS			NAME	
. C	MEGGS HANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	JAMES	M.		JR.
. C	MEGGS HANGED (NEW) OR ADDED INFORMATION:				
. C	MEGGS HANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME AILING ADDRESS	JAMES	M.		JR.
. C	MEGGS HANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME AILING ADDRESS 404 WOODFORD DR	JAMES FIRST NAME	MIDDLE	NAME	JR.
C. M.	MEGGS HANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME AILING ADDRESS 404 WOODFORD DR AX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	JAMES FIRST NAME CITY	MIDDLE STATE AL	POSTAL CODE	SUFFIX
C R	MEGGS HANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME AILING ADDRESS 404 WOODFORD DR AX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR Te. TYPE OF ORGANIZATION DEBTOR	JAMES FIRST NAME CITY BIRMINGHAM	MIDDLE STATE AL	POSTAL CODE 35242	SUFFIX
R	MEGGS HANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME AILING ADDRESS 404 WOODFORD DR AX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	FIRST NAME CITY BIRMINGHAM 7f. JURISDICTION OF ORGANIZATION	MIDDLE STATE AL 7g. ORG	POSTAL CODE 35242	SUFFIX
. C R 1. T	MEGGS HANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME AILING ADDRESS 404 WOODFORD DR AX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR ADDICTOR ORGANIZATION DEBTOR Check only one box.	FIRST NAME CITY BIRMINGHAM 7f. JURISDICTION OF ORGANIZATION	MIDDLE STATE AL 7g. ORG	POSTAL CODE 35242	SUFFIX
C. M. C. A.	MEGGS HANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME AILING ADDRESS 404 WOODFORD DR AX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR ADDICTOR ORGANIZATION DEBTOR Check only one box.	FIRST NAME CITY BIRMINGHAM 7f. JURISDICTION OF ORGANIZATION	MIDDLE STATE AL 7g. ORG	POSTAL CODE 35242	SUFFIX
C. M. 5.	MEGGS HANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME AILING ADDRESS 404 WOODFORD DR AX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR ADDICTOR ORGANIZATION DEBTOR Check only one box.	FIRST NAME CITY BIRMINGHAM 7f. JURISDICTION OF ORGANIZATION	MIDDLE STATE AL 7g. ORG	POSTAL CODE 35242	SUFFIX
. C . M . S . M . A	MEGGS HANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME AILING ADDRESS 404 WOODFORD DR AX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR ADDICTOR ORGANIZATION DEBTOR Check only one box.	FIRST NAME CITY BIRMINGHAM 7f. JURISDICTION OF ORGANIZATION	MIDDLE STATE AL 7g. ORG	POSTAL CODE 35242	SUFFIX
C R A De	MEGGS HANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME AILING ADDRESS 404 WOODFORD DR AX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one box. scribe collateral deleted or added, or give entire restated collater	FIRST NAME CITY BIRMINGHAM 7f. JURISDICTION OF ORGANIZATION ral description, or describe collateral assign	MIDDLE STATE AL 7g. ORG	POSTAL CODE 35242 SANIZATIONAL ID #, if an	JR. SUFFIX COUNTRY NON
. C R . M . S I. T . A De N	MEGGS HANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME AILING ADDRESS 404 WOODFORD DR AX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one box. scribe collateral deleted or added, or give entire restated collater MENDMENT (SCRUPPE OF ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one box. scribe collateral deleted or added, or give entire restated collater	FIRST NAME CITY BIRMINGHAM 7f. JURISDICTION OF ORGANIZATION ral description, or describe collateral assign	MIDDLE STATE AL 7g. ORG	POSTAL CODE 35242 SANIZATIONAL ID #, if an	JR. SUFFIX COUNTRY NON
R N ad N ad	MEGGS HANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME AILING ADDRESS 404 WOODFORD DR AX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR ADDICTOR ORGANIZATION DEBTOR Check only one box.	FIRST NAME CITY BIRMINGHAM 7f. JURISDICTION OF ORGANIZATION ral description, or describe collateral assign	MIDDLE STATE AL 7g. ORG	POSTAL CODE 35242 SANIZATIONAL ID #, if an	JR. SUFFIX COUNTRY NON
. M. S. T. A. De N. ad 19	MEGGS HANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME AILING ADDRESS 404 WOODFORD DR AX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one box. scribe collateral deleted or added, or give entire restated collateral collateral deleted or added, or give entire restated collateral deleted or added, or give entire restated collateral deleted or added added	FIRST NAME CITY BIRMINGHAM 7f. JURISDICTION OF ORGANIZATION ral description, or describe collateral assign	MIDDLE STATE AL 7g. ORG	POSTAL CODE 35242 SANIZATIONAL ID #, if an	SUFFIX COUNTRY
7. C C. M. C. M. C. M. A. De R. M. add 19 R. M. add 19	MEGGS HANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME AILING ADDRESS 404 WOODFORD DR AX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one box. scribe collateral deleted or added, or give entire restated collateral restated collateral deleted or added, or give entire restated collateral deleted or added, or give entire restated collateral deleted or added, or give entire restated or added, or give entire restated or added, or give entire restated or added, or or or or or or or or	FIRST NAME CITY BIRMINGHAM 7f. JURISDICTION OF ORGANIZATION ral description, or describe collateral assign	MIDDLE STATE AL 7g. ORG	POSTAL CODE 35242 SANIZATIONAL ID #, if an an an Amendment authorize orizing this Amendment.	SUFFIX COUNTRY y



Shelby Cnty Judge of Probate, AL 03/24/2011 03:01:46 PM FILED/CERT

UCC FINANCING STATEMENT AMENDMENT ADDENDUM!

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)

20110209000047430/SHELBY

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

12a. ORGANIZATION'S NAME

ALABAMA POWER COMPANY

12b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

13. Use this space for additional information

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY