CURRY CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME (R) 7b. INDIVIDUAL'S LAST NAME CURRY CAROLYN CAROLYN CITY CAROLYN CITY STATE POSTAL CODE COUNTRY DORANIZATION SON OR EIN ADD'L INFO RE 7c. TYPE OF ORGANIZATION DEBTOR ORGANIZATION 7f. JURISDICTION OF ORGANIZATION DEBTOR 7g. ORGANIZATIONAL ID #, if any	A. NAME & PHONE OF C J. RUFFIN/205.226	CONTACT AT FILER [optional]			
600 NORTH ISTH STREET BIRMINGHAM, AL 35203 201103310000101310 1/1 \$. 00 Shelby Cnty Judge of Probate, AL 03/31/2011 02:33:19 PM FILED/CERT 20110331000101310 1/1 \$. 00 Shelby Cnty Judge of Probate, AL 03/31/2011 02:33:19 PM FILED/CERT 20090618000233950/SHELBY					
a. INITIAL FINANCING STATEMENT FILE # 20090618000233950/SHELBY 1b. This FINANCING STATEMENT AMENDMEN 1c.	600 NORTH	18TH STREET	Shelby	Cnty Judge of Probate, A	
TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Termination Statement is continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. ASSIGNMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. ASSIGNMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. ASSIGNMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. ASSIGNMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. ASSIGNMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. ASSIGNMENT (PARTY INFORMATION): This Amendment affects Debtor or Debtor			THE ABOVE	SPACE IS FOR FILING OFFICE	USE ONLY
TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to securify interest(s) of the Secured Party authorizing this Termination Statement. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to securify interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. ASSIGNMENT (INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. ASSIGNMENT (PARTY INFORMATION): This Amendment affects Debtor or Debtor	la. INITIAL FINANCING STA		ELBY	to be filed [for record] (or	recorded) in the
CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional peniod provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check ong of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b. also give name of assignee in item 7c; also complete item 7a or 7b, and also name (finame change) in item 7a or 7b and/or new address (if address change) in item 7c. CURRENT RECORD INFORMATION: Ga. ORGANIZATION'S NAME R 6b. INDIVIDUAL'S LAST NAME MIDDLE NAME CURRY BARRY FIRST NAME CURRY BARRY MIDDLE NAME SUFFIX CAROLYN CAROLYN CAROLYN CAROLYN CAROLYN To individual's LAST NAME CURRY MIDDLE NAME SUFFIX CAROLYN CAROLYN CAROLYN To individual's LAST NAME CURRY MIDDLE NAME SUFFIX CAROLYN CO MIDDLE NAME SUFFIX CAROLYN CO MIDDLE NAME SUFFIX CAROLYN To individual's LAST NAME CURRY MIDDLE NAME SUFFIX BIRMINGHAM AL 35244 To individual in the formation of the properties in the formation in item 8 and/or 7. Individual in the formation in item 8 and/or 7. AMENDMENT (COLLATERAL CHANGE): check only one box.	TERMINATION: Ef	fectiveness of the Financing Statement identified above is	s terminated with respect to security interest(s) of		
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address. Give current record name in item 6a or 6b; also give new and of item 6a or 6b; also give new intem 7c. To and/or new address (if address change) in item 7c. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME CURRY CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME CURRY CAROLYN CAROLYN CAROLYN CAROLYN CAROLYN CAROLYN CAROLYN To individual State Postal code COUNTRY DIRMINGHAM AL 35244 To individual State of the factor of these two boxes. AMENDMENT (COLLATERAL CHANGE): check only one box.	CONTINUATION:	Effectiveness of the Financing Statement identified abo			
AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address. Give current record name in item 6a or 6b; also give new in name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. CURRENT RECORD INFORMATION: [5a. ORGANIZATION'S NAME] [6b. INDIVIDUAL'S LAST NAME] CURRY [7a. ORGANIZATION'S NAME] [7b. INDIVIDUAL'S LAST NAME] [7b. INDIVIDUAL'S LAST NAME] [7c. AND AND ADDED INFORMATION: [7a. ORGANIZATION'S NAME] [7b. INDIVIDUAL'S LAST NAME] [7b. INDIVIDUAL'S LAST NAME] [7c. AND AND ADDRESS] [7c. AND AND ADDRESS] [7c. AND AND ADDRESS] [7c. AND AND ADDRESS] [7d. AND ADDRESS					
Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address. Give current record name in item 6a or 6b, also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7a. DELETE name: Give record name name (if name change) in item 7a or 7b, and also name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. DELETE name: Give record name name (if name change) in item 7c, also complete item 7a or 7b, and also name: Complete item 7a or 7b, and also name: Complete item 7a or 7b, and also name: Complete item 7c, also complete item 7a or 7b, and also name: Complete item 7a					
CURRY Ge. INDIVIDUAL'S LAST NAME CURRY GE. INDIVIDUAL'S LAST NAME CURRY CHANGED (NEW) OR ADDED INFORMATION: Ta. ORGANIZATION'S NAME To. INDIVIDUAL'S LAST NAME CURRY CHANGED (NEW) OR ADDED INFORMATION: Ta. ORGANIZATION'S NAME FIRST NAME CURRY CAROLYN CAROLYN CITY STATE POSTAL CODE COUNTRY 2095 ROYAL FERN LN IT TAX ID #: SSN OR EIN ADD'L INFO RE To. TYPE OF ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.		- I - I - I - I - I - I - I - I - I - I		nly <u>one</u> of these two boxes.	
CURRY Ge. INDIVIDUAL'S LAST NAME CURRY GE. INDIVIDUAL'S LAST NAME CURRY CHANGED (NEW) OR ADDED INFORMATION: Ta. ORGANIZATION'S NAME To. INDIVIDUAL'S LAST NAME CURRY CHANGED (NEW) OR ADDED INFORMATION: Ta. ORGANIZATION'S NAME FIRST NAME CURRY CAROLYN CAROLYN CITY STATE POSTAL CODE COUNTRY 2095 ROYAL FERN LN IT TAX ID #: SSN OR EIN ADD'L INFO RE To. TYPE OF ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.				—	em 7a or 7b, and also
Ga. ORGANIZATION'S NAME Gb. INDIVIDUAL'S LAST NAME CURRY CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME CURRY CAROLYN CAROLYN CAROLYN CITY STATE POSTAL CODE COUNTRY 2095 ROYAL FERN LN 1. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION OF ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.) in item /c to be deleted in item 6a or 6b	bitem 7c; also complete ite	ems 7d-7g (if applicat
CURRY CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME CURRY CAROLYN CAROLYN CITY MIDDLE NAME SUFFIX SUFFIX CAROLYN C MIDDLE NAME SUFFIX ORGANIZATION S NAME FIRST NAME CURRY CAROLYN C CITY STATE POSTAL CODE COUNTRY 2095 ROYAL FERN LN I. TAX ID #: SSN OR EIN ORGANIZATION ORGANIZAT					
CURRY CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME CURRY CAROLYN CAROLYN CITY MIDDLE NAME SUFFIX SUFFIX CAROLYN C MIDDLE NAME SUFFIX ORGANIZATION S NAME FIRST NAME CURRY CAROLYN C CITY STATE POSTAL CODE COUNTRY 2095 ROYAL FERN LN I. TAX ID #: SSN OR EIN ORGANIZATION ORGANIZAT					
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME CURRY CAROLYN CAROLYN CITY BIRMINGHAM AL 35244 1. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR ORGANIZATION DEBTOR ORGANIZATION DEBTOR ORGANIZATION ORGANI	6b. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME CURRY CAROLYN CITY STATE POSTAL CODE COUNTRY 2095 ROYAL FERN LN 1. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	CURRY		BARRY	K	
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME CURRY CAROLYN CITY STATE POSTAL CODE COUNTRY 2095 ROYAL FERN LN 1. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.			<u> </u>		<u></u>
TOURRY CURRY CAROLYN CITY BIRMINGHAM AL 35244 TEL TYPE OF ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	. CHANGED (NEW) OR A	DDED INFORMATION:			
TOURRY CURRY CAROLYN CITY BIRMINGHAM AL 35244 TEL TYPE OF ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.					
CITY 2095 ROYAL FERN LN BIRMINGHAM AL 35244 TAX ID #: SSN OR EIN ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	7a. ORGANIZATION'S N				
2095 ROYAL FERN LN I. TAX ID #: SSN OR EIN ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. BIRMINGHAM AL 35244 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any Notes that the college of the country of the	7a. ORGANIZATION'S N	IAME	FIRST NAME	MIDDLE NAME	SUFFIX
1. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any DEBTOR No.	7a. ORGANIZATION'S N	IAME		MIDDLE NAME C	SUFFIX
ORGANIZATION DEBTOR DEBTOR No.	7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST CURRY	IAME	CAROLYN	C	SUFFIX
DEBTOR No. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box.	7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST CURRY c. MAILING ADDRESS	NAME	CAROLYN	C STATE POSTAL CODE	
AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box.	7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST CURRY c. MAILING ADDRESS 2095 ROYAL FE	NAME RN LN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	CAROLYN CITY BIRMINGHAM	C STATE POSTAL CODE AL 35244	COUNTRY
Describe collateral deleted or landed or give entire Crestated collateral description or describe collateral Described	7a. ORGANIZATION'S NOR 7b. INDIVIDUAL'S LAST CURRY c. MAILING ADDRESS 2095 ROYAL FE	NAME RN LN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	CAROLYN CITY BIRMINGHAM	C STATE POSTAL CODE AL 35244	COUNTRY
Tacocca of I access, of give entire! Itestated collateral description, of describe collateral I lassigned,	7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST CURRY c. MAILING ADDRESS 2095 ROYAL FEI d. TAX ID #: SSN OR EIN	NAME RN LN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	CAROLYN CITY BIRMINGHAM	C STATE POSTAL CODE AL 35244	COUNTRY
	7a. ORGANIZATION'S NOR RESERVED TO A STATE OF THE STATE O	NAME RN LN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box.	CAROLYN CITY BIRMINGHAM 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35244 79. ORGANIZATIONAL ID #, if	COUNTRY
	7a. ORGANIZATION'S NOR TO THE PROPERTY TO THE PROPERTY OF THE	NAME RN LN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box.	CAROLYN CITY BIRMINGHAM 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35244 79. ORGANIZATIONAL ID #, if	COUNTRY
	7a. ORGANIZATION'S NOR TO THE PROPERTY TO THE PROPERTY OF THE	NAME RN LN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box.	CAROLYN CITY BIRMINGHAM 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35244 79. ORGANIZATIONAL ID #, if	COUNTRY
	7a. ORGANIZATION'S NOR TO THE PROPERTY TO THE PROPERTY OF THE	NAME RN LN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box.	CAROLYN CITY BIRMINGHAM 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35244 79. ORGANIZATIONAL ID #, if	COUNTRY
	7a. ORGANIZATION'S N R 7b. INDIVIDUAL'S LAST CURRY MAILING ADDRESS 2095 ROYAL FEI I. TAX ID #: SSN OR EIN AMENDMENT (COLLA	NAME RN LN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box.	CAROLYN CITY BIRMINGHAM 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35244 79. ORGANIZATIONAL ID #, if	COUNTRY
	7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST CURRY MAILING ADDRESS 2095 ROYAL FEI TAX ID #: SSN OR EIN AMENDMENT (COLLA	NAME RN LN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box.	CAROLYN CITY BIRMINGHAM 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35244 79. ORGANIZATIONAL ID #, if	COUNTRY
	7a. ORGANIZATION'S NOR TO THE PROPERTY TO THE PROPERTY OF THE	NAME RN LN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box.	CAROLYN CITY BIRMINGHAM 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35244 79. ORGANIZATIONAL ID #, if	COUNTRY
	7a. ORGANIZATION'S NOR TO THE PROPERTY TO THE PROPERTY OF THE	NAME RN LN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box.	CAROLYN CITY BIRMINGHAM 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35244 79. ORGANIZATIONAL ID #, if	COUNTRY
	7a. ORGANIZATION'S NOR TO THE PROPERTY TO THE PROPERTY OF THE	NAME RN LN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box.	CAROLYN CITY BIRMINGHAM 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35244 79. ORGANIZATIONAL ID #, if	COUNTRY
	7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST CURRY MAILING ADDRESS 2095 ROYAL FEI TAX ID #: SSN OR EIN AMENDMENT (COLLA	NAME RN LN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box.	CAROLYN CITY BIRMINGHAM 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35244 79. ORGANIZATIONAL ID #, if	COUNTRY
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENONENT	7a. ORGANIZATION'S NOREN 7b. INDIVIDUAL'S LAST CURRY 2. MAILING ADDRESS 2095 ROYAL FEI 1. TAX ID #: SSN OR EIN AMENDMENT (COLLA Describe collateral del	NAME RN LN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box. eted or added, or give entire restated collaters	CAROLYN CITY BIRMINGHAM 7f. JURISDICTION OF ORGANIZATION all description, or describe collateral assign	STATE POSTAL CODE AL 35244 7g. ORGANIZATIONAL ID #, if	any
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor check have an add store page of DEPTOR and enterganded to the check have adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor check have a positive page of DEPTOR and enterganded to the check have a positive page.	7a. ORGANIZATION'S N R 7b. INDIVIDUAL'S LAST CURRY E. MAILING ADDRESS 2095 ROYAL FEI I. TAX ID #: SSN OR EIN AMENDMENT (COLLA Describe collateral del NAME OF SECURED	RN LN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box. eted or added, or give entire restated collaters.	CAROLYN CITY BIRMINGHAM 7f. JURISDICTION OF ORGANIZATION all description, or describe collateral assign	STATE POSTAL CODE AL 35244 7g. ORGANIZATIONAL ID #, if	any Debtor whice
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor. or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.	7a. ORGANIZATION'S NOR OR TO. INDIVIDUAL'S LAST CURRY c. MAILING ADDRESS 2095 ROYAL FEI d. TAX ID #: SSN OR EIN AMENDMENT (COLLAD Describe collateral del del del del del del del del del de	NAME RN LN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box. eted or added, or give entire restated collaters PARTY OF RECORD AUTHORIZING THIS AME authorizing Debtor, or if this is a Termination authorized to	CAROLYN CITY BIRMINGHAM 7f. JURISDICTION OF ORGANIZATION all description, or describe collateral assign	STATE POSTAL CODE AL 35244 7g. ORGANIZATIONAL ID #, if	any Debtor whice
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME	7a. ORGANIZATION'S NOR OR 7b. INDIVIDUAL'S LAST CURRY c. MAILING ADDRESS 2095 ROYAL FEI d. TAXID#: SSN OR EIN AMENDMENT (COLLAD Describe collateral del del del del del del del del del de	RN LN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR TERAL CHANGE): check only one box. eted or added, or give entire restated collateral restated or added.	CAROLYN CITY BIRMINGHAM 7f. JURISDICTION OF ORGANIZATION all description, or describe collateral assign	STATE POSTAL CODE AL 35244 7g. ORGANIZATIONAL ID #, if	any COUNTRY
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME ALABAMA POWER COMPANY 9b. INDIVIDUAL'S LAST NAME	7a. ORGANIZATION'S NOT BE TO SECURE TO SECURE TO SECURE DESCRIBED AND SECURE DESCRIPTOR DESCR	NAME RN LN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR ATERAL CHANGE): check only one box. eted or added, or give entire restated collateral restated or lateral restated collateral restated or lateral restated collateral restated or lateral restated or lateral restated collateral restated or lateral res	CAROLYN CITY BIRMINGHAM 7f. JURISDICTION OF ORGANIZATION all description, or describe collateral assign assign ENDMENT (name of assignor, if this is an Assign by a Debtor, check here and enter name of Description and Description	STATE POSTAL CODE AL 35244 7g. ORGANIZATIONAL ID #, if need.	any Debtor whice
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME ALABAMA POWER COMPANY	7a. ORGANIZATION'S NOT BE TO SECURE	NAME RN LN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR ATERAL CHANGE): check only one box. eted or added, or give entire restated collateral restated or lateral restated collateral restated or lateral restated collateral restated or lateral restated or lateral restated collateral restated or lateral res	CAROLYN CITY BIRMINGHAM 7f. JURISDICTION OF ORGANIZATION all description, or describe collateral assign assign ENDMENT (name of assignor, if this is an Assign by a Debtor, check here and enter name of Description and Description	STATE POSTAL CODE AL 35244 7g. ORGANIZATIONAL ID #, if need.	any Country