۹. ۱	LOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER (optional) RUFFIN/205.226.1902				
3. \$	ALABAMA POWER COMPANY 600 NORTH 18TH STREET BIRMINGHAM, AL 35203		2011042800011 Shelby Cnty	28950 1/1 \$.00 Judge of Probate 2:16:35 PM FILED	
			THE ABOVE SPACE IS FO	OR FILING OFFICE US	E ONLY
ı. İ	NITIAL FINANCING STATEMENT FILE # $20070608000269840/S$]	HELBY	to t	s FINANCING STATEMEN be filed (for record) (or rec	
7	TERMINATION: Effectiveness of the Financing Statement identified about	ove is terminated with respect to		AL ESTATE RECORDS. rty authorizing this Termina	ation Statement.
	CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law.				
T	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.	
.			y of record. Check only one of these	· · · · · · · · · · · · · · · · · · ·	
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	CHANGE name and/or address: Give current record name in item 6a or 6b 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)	ange) in item 7c. Let to be d	E name: Give record name All eleted in item 6a or 6b.	OD name: Complete item m 7c; also complete items	7a or 7b, and also 7d-7g (if applica
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	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME				
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R . !	7a. ORGANIZATION'S NAME	FIRST NAME CITY BIRMINGHAN	STATE	NAME POSTAL CODE 35242	SUFFIX
₹ . N	7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 2917 CLYDE BARK CIRCLE TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	CITY BIRMINGHAN	STATE AL	POSTAL CODE	COUNTRY
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