| CC FINANCING STATEMENT AMEN[| DMENT | | |
|--|---|---|--------------------|
| LLOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional] | | | |
| RUFFIN/205.226.1902 | | | |
| SEND ACKNOWLEDGMENT TO: (Name and Address) | · · · · · · · · · · · · · · · · · · · | | |
| ALABAMA POWER COMPANY | | | |
| 600 NORTH 18TH STREET | | | |
| BIRMINGHAM, AL 35203 | | 20110713000203900 1/1 \$.0 Shelby Cnty Judge of Prob | |
| | | 07/13/2011 02:17:52 PM F | · |
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| INITIAL FINANCING STATEMENT FILE # | THEA | BOVE SPACE IS FOR FILING OFFICE | |
| LR200661 PG:282 | 27/SHELBY | 1b. This FINANCING STATEN to be filed [for record] (or r | |
| TERMINATION: Effectiveness of the Financing Statement identif | fied above is terminated with respect to security interes | I PEAL ESTATE DECODOS | • |
| CONTINUATION: Effectiveness of the Financing Statement ide | entified above with respect to security interest(s) of | the Secured Party authorizing this Continuation | n Statement is |
| | | | |
| ASSIGNMENT (full or partial): Give name of assignee in item 7a MENDMENT (PARTY INFORMATION): This Amendment affection | | | |
| Iso check one of the following three boxes and provide appropriate info | 1 I | heck only <u>one</u> of these two boxes. | |
| CHANGE name and/or address: Give current record name in item 6a name (if name change) in item 7a or 7b and/or new address (if address | a or 6b; also give new DELETE name: Give | record name | m 7a or 7b, and a |
| CURRENT RECORD INFORMATION: | ess change) in item 7c to be deleted in item (| item 7c; also complete ite | ms 7d-7g (if appli |
| 6a. ORGANIZATION'S NAME | ······································ | ······································ | |
| 6b. INDIVIDUAL'S LAST NAME | | | |
| JACKSON | FIRST NAME HARVEY | MIDDLE NAME | SUFFIX |
| CHANGED (NEW) OR ADDED INFORMATION: | | | JR. |
| 7a. ORGANIZATION'S NAME | ······································ | · · · · · · · · · · · · · · · · · · · | ····· |
| | | | |
| 71 15 17 13 14 15 14 15 14 15 14 15 15 15 15 15 15 15 15 15 15 15 15 15 | FIRST NAME | MIDDLE NAME | SUFFIX |
| | | | |
| 76. INDIVIDUAL'S LAST NAME JACKSON MAILING ADDRESS | MYRTLE | LOUISE | |
| JACKSON MAILING ADDRESS | MYRTLE | STATE POSTAL CODE | COUNTR |
| JACKSON MAILING ADDRESS 5 PONY DR TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZA | MYRTLE CITY ALABASTER | STATE POSTAL CODE AL 35007 | |
| JACKSON MAILING ADDRESS 5 PONY DR | MYRTLE CITY ALABASTER | STATE POSTAL CODE AL 35007 | ny |
| JACKSON AILING ADDRESS 5 PONY DR AX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR DEBTOR | MYRTLE CITY ALABASTER | STATE POSTAL CODE AL 35007 | ny |
| JACKSON MAILING ADDRESS 5 PONY DR MAID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one box. | MYRTLE CITY ALABASTER ATION 7f. JURISDICTION OF ORGANIZATIO | STATE POSTAL CODE AL 35007 N 7g. ORGANIZATIONAL ID #, if an | ny |
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