LLOW INSTRUCTIONS (front and back) CAREFULLY  NAME & PHONE OF CONTACT AT FILER [optional]  am Bagwell/226-1902  SEND ACKNOWLEDGMENT TO: (Name and Address)	IENT				
ALABAMA POWER COMPANY 600 NORTH 18TH STREET BIRMINGHAM, AL 35203	20110 Shelb 08/1	72236260	1/1 \$.00 of Probate, AL 38 PM FILED/CERT		
	THE ABO		OR FILING OFFICE US		
INITIAL FINANCING STATEMENT FILE # 20080627000262920/SHELBY		l to	1b. This FINANCING STATEMENT AMENDMENT to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.		
★ TERMINATION: Effectiveness of the Financing Statement identified a		s) of the Secured Pa	arty authorizing this Termin		
CONTINUATION: Effectiveness of the Financing Statement identification continued for the additional period provided by applicable law.	fied above with respect to security interest(s) of the	Secured Party auti	norizing this Continuation	Statement is	
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7	7b and address of assignee in item 7c; and also give	name of assignor in	n item 9.		
AMENDMENT (PARTY INFORMATION): This Amendment affects		k only <u>one</u> of these	two boxes.		
Also check one of the following three boxes and provide appropriate informa  CHANGE name and/or address: Give current record name in item 6a or		cord name	DD name: Complete 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. to be deleted in item 6a	or 6bit	em 7c; also complete item	s 7d-7g (if applica	
CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME				······································	
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX	
YARBROUGH	WILLIAM				
CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME				······································	
Ta. Ortorial traine					
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	ENAME	SUFFIX	
YARBROUGH	TINA				
MAILING ADDRESS	CITY	STATE	1	COUNTRY	
4910 ALTADENA DRIVE S	BIRMINGHAM	AL	35244		
TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   ORGANIZATION	ION 7f. JURISDICTION OF ORGANIZATION	/g. ORG	GANIZATIONAL ID #, if an		
DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box.				N	
AMENIJMENT (CULT ATERAT CHANGE), check only one box	collateral description, or describe collateral	ssigned.			
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Describe collateral deleted or added, or give entire restated					
Describe collateral deleted or added, or give entire restated	IS AMENDMENT (name of assignor, if this is an	Assignment). If this		ed by a Debtor wh	
Describe collateral deleted or added, or give entire restated	IS AMENDMENT (name of assignor, if this is an	Assignment). If this		ed by a Debtor wh	
NAME OF SECURED PARTY OF RECORD AUTHORIZING THe adds collateral or adds the authorizing Debtor, or if this is a Termination authorizing adds.	IS AMENDMENT (name of assignor, if this is an	Assignment). If this		ed by a Debtor wh	