	G STATEMENT AMENDMEN	NT				
	S (front and back) CAREFULLY CONTACT AT FILER [optional]					
DeAnn Garrett 205 226 1402						
3. SEND ACKNOWLEDG	MENT TO: (Name and Address)					
			20120706000240220 1/1 \$.00 Shelby Cnty Judge of Probate, AL			
Alabama Power Company					2 02:47:11 PM FI	
600 18th St N						
Birmingham,	AL 33203					
			THE ABOVE SPA	_	OR FILING OFFICE U	
a. INITIAL FINANCING STATEMENT FILE # 20110428000129000			1b. This FINANCING STATEMENT AMENDMENT to be filed [for record] (or recorded) in the			
TERMINATION: Ef	ectiveness of the Financing Statement identified above i	is terminated with respect	to security interest(s) of the		AL ESTATE RECORDS.	ation Statement
	Effectiveness of the Financing Statement identified abo			<u> </u>		
	ional period provided by applicable law.	· · · · · · · · · · · · · · · · · · · ·				
ASSIGNMENT (full	or partial): Give name of assignee in item 7a or 7b and	address of assignee in ite	m 7c; and also give name of	assignor in	item 9.	
AMENDMENT (PART)	INFORMATION): This Amendment affects De	ebtor <u>or</u> Secured Pa	rty of record. Check only <u>or</u>	ne of these	two boxes.	
	ving three boxes and provide appropriate information in					
name (if name change)	address: Give current record name in item 6a or 6b; als in item 7a or 7b and/or new address (if address change	so give new DELE e) in item 7c. to be	TE name: Give record name deleted in item 6a or 6b.		DD name: Complete item m 7c; also complete item	
CURRENT RECORD IN						
6a. ORGANIZATION'S N	AME					
R 6b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX
Harper		Gregory		S.		SUFFIX
CHANGED (NEW) OR A	DED INFORMATION:	0108017		J		
7a. ORGANIZATION'S N		·· - ··· · · · · · · · · · · · · · · · · ·			···· - · · · · · · · · · · · · · · · · · · ·	
R						
7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX
Harper		Charman		C.		
MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
TAY ID # SSN OR FINE	ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF	ODCANIZATION	7- 000	ANITATIONAL ID # if	
TAXID#. SSN OR EIN	ORGANIZATION	71. JUNISDIC HON OF	ORGANIZATION	/g. ORG.	ANIZATIONAL ID #, if any	
DEBTOR						N
` 	TERAL CHANGE): check only <u>one</u> box.					
escribe collateral del	eted or added, or give entire restated collaters	al description, or describ	e collateralassigned.			
NAME OF SECURED 1	PARTY OF RECORD AUTHORIZING THIS AME	ENDMENT (name of acci	ignor if this is an Assignmen	t) If this is	an Amandaant authorise	
NAME OF SECURED I	PARTY OF RECORD AUTHORIZING THIS AME uthorizing Debtor, or if this is a Termination authorized I	ENDMENT (name of assiby a Debtor, check here	ignor, if this is an Assignmen	t). If this is ΓΟR author	an Amendment authorized rizing this Amendment.	d by a Debtor whi
NAME OF SECURED Industrial or adds the a	uthorizing Debtor, or if this is a Termination authorized I	ENDMENT (name of assiby a Debtor, check here	ignor, if this is an Assignmen and enter name of DEB	t). If this is ΓΟR author	an Amendment authorized rizing this Amendment.	d by a Debtor whi
9a. ORGANIZATION'S NA Alabama Power	uthorizing Debtor, or if this is a Termination authorized I	ENDMENT (name of assiby a Debtor, check here	ignor, if this is an Assignmen and enter name of DEB	t). If this is ΓΟR author	an Amendment authorized rizing this Amendment.	d by a Debtor whi
9a. ORGANIZATION'S NA	uthorizing Debtor, or if this is a Termination authorized I	ENDMENT (name of assibly a Debtor, check here	ignor, if this is an Assignmen and enter name of DEB	t). If this is ΓΟR author	rizing this Amendment.	d by a Debtor whi