

	ATEMENTAMENDMEN	17			
OLLOW INSTRUCTIONS (front A. NAME & PHONE OF CONTAC					
Selene Armstrong 226.14	- · · -				
B. SEND ACKNOWLEDGMENT					
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<u></u>		THE ABOVE SF	ACE IS F	OR FILING OFFICE US	SE ONLY
a. INITIAL FINANCING STATEMENT				is FINANCING STATEME	
	LR20080430000177360Si	helby Co.		be filed [for record] (or red EAL ESTATE RECORDS.	corded) in the
. TERMINATION: Effectivene	ss of the Financing Statement identified above i	is terminated with respect to security interest(s) of the	Secured P	arty authorizing this Termin	ation Statement.
	ness of the Financing Statement identified aboriod provided by applicable law.	ove with respect to security interest(s) of the Secure	d Party aut	horizing this Continuation	Statement is
. ASSIGNMENT (full or partia	l): Give name of assignee in item 7a or 7b and	address of assignee in item 7c; and also give name of	of assignor i	n item 9.	
. AMENDMENT (PARTY INFO	RMATION): This Amendment affects De	ebtor or Secured Party of record. Check only of	one of these	e two boxes.	
Also check one of the following thre	e boxes and provide appropriate information in i	items 6 and/or 7.			
CHANGE name and/or address name (if name change) in item	: Give current record name in item 6a or 6b; als 7a or 7b and/or new address (if address change	DELETE name: Give record name) in item 7c. DELETE name: Give record name) to be deleted in item 6a or 6b.		NDD name: Complete item tem 7c; also complete item:	7a or 7b, and also s 7d-7g (if applicable)
. CURRENT RECORD INFORMA					
6a. ORGANIZATION'S NAME					
OR 6b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLI	MIDDLE NAME S	
Brooks		Thomas	$ \mathbf{F} $		
. CHANGED (NEW) OR ADDED I	NEORMATION:				
7a. ORGANIZATION'S NAME					
R 7b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME S		SUFFIX
Brooks		Jameka	L		
7c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
381 Summerchase Dr		Calera	AL	35040	US
d. TAX ID #: SSN OR EIN ADD'	L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. OR	<u> </u>	
ORG/ DEBT	ANIZATION ' OR I				ГЛиони
. AMENDMENT (COLLATERA	· · · · · · · · · · · · · · · · · · ·				NONE
•		ral description, or describe collateral assigned	•		
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		ENDMENT (name of assignor, if this is an Assignment by a Debtor, check here and enter name of DE			ed by a Debtor which
9a. ORGANIZATION'S NAME		and enter harme of DE	auti	TOTAL TOTAL CONTROLL	
Alabama Power Com	nanv				
96. INDIVIDUAL'S LAST NAME	rJ	FIRST NAME	MIDDL	E NAME	SUFFIX
1					1 / // 1

10. OPTIONAL FILER REFERENCE DATA

UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) LR20080430000177360Shelby Co. 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form) 12a. ORGANIZATION'S NAME Alabama Power Company OR 12b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME, SUFFIX

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13. Use this space for additional information

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