

	NS (front and back) CAREFULLY			
	CONTACT AT FILER [optional]			
elene Armstrong	······································			
SEND ACKNOWLED	GMENT TO: (Name and Address)			(() 33 34 35 15 16 16 16 16 16 16 16
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600 18th St			Shelby Cnty Judge of P	b.00 cobate OI
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		THE ABOVE SI	1b. This FINANCING STATES	· · · · · · · · · · · · · · · · · · ·
a. INITIAL FINANCING STATEMENT FILE # 20080519000202650			to be filed [for record] (or REAL ESTATE RECORDS	ecorded) in the
	Effectiveness of the Financing Statement identified above in			
	Effectiveness of the Financing Statement identified about the distribution of the Financing Statement identified about the distribution of the Financing Statement identified about the financing Stateme	ove with respect to security interest(s) of the Securi	ed Party authorizing this Continuation	n Statement is
	Il or partial): Give name of assignee in item 7a or 7b and			
	· · · · · · · · · · · · · · · · · · ·	ebtor or Secured Party of record. Check only	one of these two boxes.	
	lowing three boxes <u>and</u> provide appropriate information in it or address: Give current record name in item 6a or 6b; als		me	m 7a or 7b, and als
name (if name chang	e) in item 7a or 7b and/or new address (if address change		item 7c; also complete ite	ms 7d-7g (if applica
CURRENT RECORD		······································		<u> </u>
6a. ORGANIZATION'S	S NAME			
6b. INDIVIDUAL'S LA	ST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Pitts		Clara	Mae	
	ADDED INFORMATION:			
7a. ORGANIZATION'S	SNAME	FIRST NAME	MIDDLE NAME	SUFFIX
7a. ORGANIZATION'S	SNAME	FIRST NAME	MIDDLE NAME	
7a. ORGANIZATION'S R 7b. INDIVIDUAL'S LA	SNAME	FIRST NAME CITY	STATE POSTAL CODE	COUNTR
7a. ORGANIZATION'S 7b. INDIVIDUAL'S LA	SNAME			SUFFIX
7a. ORGANIZATION'S 7b. INDIVIDUAL'S LA MAILING ADDRESS 40 Mitchell Dr	ST NAME ST NAME IN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	CITY	STATE POSTAL CODE	COUNTRY
7a. ORGANIZATION'S 7b. INDIVIDUAL'S LA MAILING ADDRESS 40 Mitchell Dr	ST NAME ST NAME IN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	CITY Montevallo	STATE POSTAL CODE AL 35115	COUNTRY
7a. ORGANIZATION'S R 7b. INDIVIDUAL'S LA AMENDMENT (COL	ST NAME IN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR LATERAL CHANGE): check only one box.	Montevallo 7f. JURISDICTION OF ORGANIZATION	STATE POSTAL CODE AL 35115 7g. ORGANIZATIONAL ID #, if	COUNTRY
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UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 20080519000202650 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

20130802000313850 2/2 \$.00 Shelby Cnty Judge of Probate, AL 08/02/2013 09:53:50 AM FILED/CERT

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