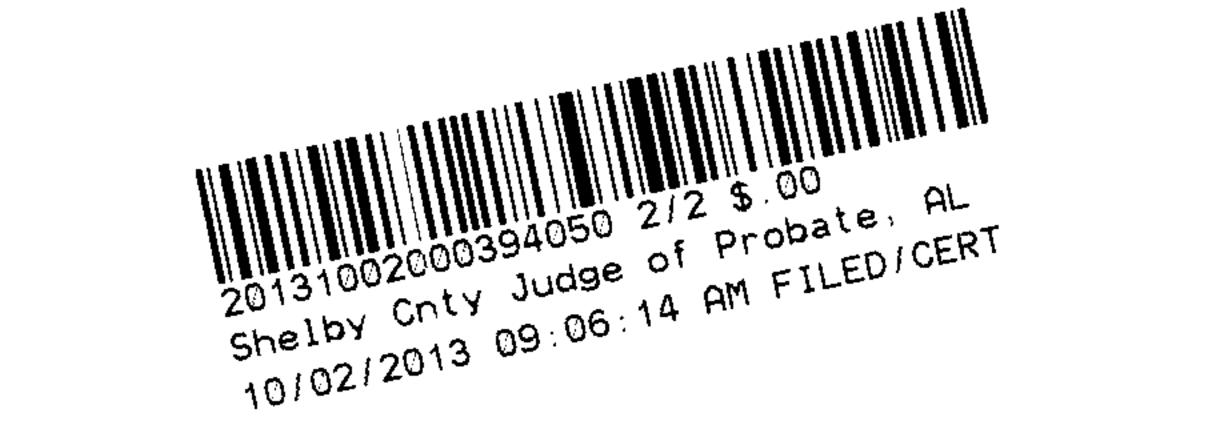


OW INSTRUCTIONS (front and back) CAREFULLY			
AME & PHONE OF CONTACT AT FILER [optional]			
ene Armstrong 205-226-1402			
END ACKNOWLEDGMENT TO: (Name and Address)			
Alabama Power Company		5.00	4 L_
600 18th St N		01002000394050 of Probate;	ERT
Birmingham, AL 35203	20 St	131002000394050 1/2 probate; 131002000394050 of Probate; nelby Cnty Judge of AM FILED/C	
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	THEA	BOVE SPACE IS FOR FILING OFFICE	
VITIAL FINANCING STATEMENT FILE #	ነበ ያበ 2 ሰ	1b. This FINANCING STATEN to be filed [for record] (or record)	
200911020004		REAL ESTATE RECORDS	<u> </u>
TERMINATION: Effectiveness of the Financing Statement			
CONTINUATION: Effectiveness of the Financing Statem continued for the additional period provided by applicable la		the Secured Party authorizing this Continuation	n Statement is
		rive name of accidence in item 0	
ASSIGNMENT (full or partial): Give name of assignee in it			· · · · · · · · · · · · · · · · · · ·
MENDMENT (PARTY INFORMATION): This Amendme so check one of the following three boxes and provide appropria		theck only <u>one</u> of these two boxes.	
CHANGE name and/or address: Give current record name in name (if name change) in item 7a or 7b and/or new address (record name	m 7a or 7b, and als
name (if name change) in item 7a or 7b and/or new address (URRENT RECORD INFORMATION:	(if address change) in item 7cto be deleted in item	6a or 6b. item 7c; also complete ite	ens ru-ry (n appno
6a. ORGANIZATION'S NAME	<u></u>		·
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Dees	Jennifer	Symons	
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME	FIRST NAME Jennifer	MIDDLE NAME	SUFFIX
Symons	FIRST NAME Jennifer CITY	MIDDLE NAME STATE POSTAL CODE	
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Symons MAILING ADDRESS	Jennifer		
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Symons MAILING ADDRESS 187 Brookhollow dr TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF OR	Jennifer CITY Pelham	STATE POSTAL CODE AL 35124	COUNTR
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Symons MAILING ADDRESS 87 Brookhollow dr TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF OR ORGANIZATION	Jennifer CITY Pelham	STATE POSTAL CODE AL 35124	COUNTR
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Ta. ORGANIZATION'S NAME Tb. INDIVIDUAL'S LAST NAME Symons MAILING ADDRESS 187 Brookhollow dr TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF OR ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one pescribe collateral deleted or added, or give entire PAME OF SECURED PARTY OF RECORD AUTHOR adds collateral or adds the authorizing Debtor, or if this is a Term 9a. ORGANIZATION'S NAME	Jennifer CITY Pelham RGANIZATION 7f. JURISDICTION OF ORGANIZATION restated collateral description, or describe collateral RIZING THIS AMENDMENT (name of assignor, if this is	STATE POSTAL CODE AL 35124 ON 7g. ORGANIZATIONAL ID #, if assigned. an Assignment). If this is an Amendment authorized to the state of the state o	any Countraction of the Co
Talindividual's last name Symons Mailing address 187 Brookhollow dr Taxid#: SSN OR EIN Add'L INFO RE 7e. TYPE OF OR ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one or organization added, or give entire Describe collateral deleted or added, or give entire NAME OF SECURED PARTY OF RECORD AUTHOR adds collateral or adds the authorizing Debtor, or if this is a Term	Jennifer CITY Pelham RGANIZATION 7f. JURISDICTION OF ORGANIZATION restated collateral description, or describe collateral RIZING THIS AMENDMENT (name of assignor, if this is	STATE POSTAL CODE AL 35124 ON 7g. ORGANIZATIONAL ID #, if assigned. an Assignment). If this is an Amendment authorized to the state of the state o	any Countraction of the Co

UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 20091102000408020 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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