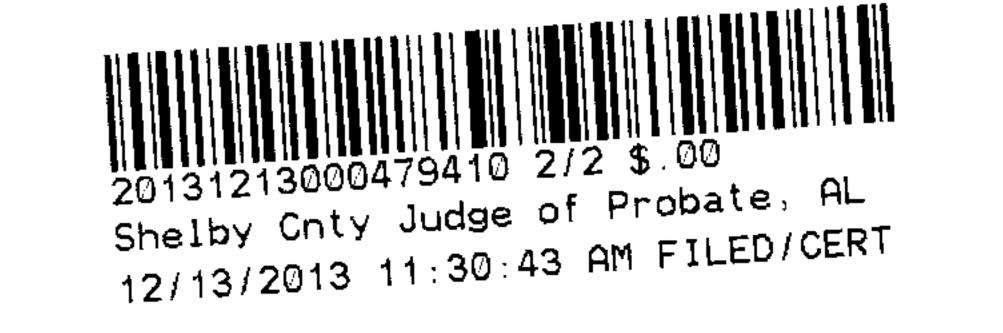
NAME & PHONE OF Selene Armstrong SEND ACKNOWLED	NS (front and back CONTACT AT FIL 205-226-1402 GMENT TO: (Nan N	ER [optional] 2 ne and Address)		(Shelhy Chi	00479410 1/2 \$.00 Ty Judge of Proba	ale, Hr
. INITIAL FINANCING ST		2000015000264400		THE ABOVE		OR FILING OFFICE US	
AZ TEDNINATION.		0080915000364420	,		R	be filed [for record] (or rec EAL ESTATE RECORDS.	
		inancing Statement identified above					
continued for the add	litional period provide	Financing Statement identified about the Financing Statement identified Statement identified Statement identified State	ove with respect to secur	ity interest(s) of the Sec	ured Party aut	horizing this Continuation	Statement is
ASSIGNMENT (ful	or partial): Give nar	me of assignee in item 7a or 7b and	address of assignee in ite	m 7c; and also give nan	ne of assignor in	n item 9.	
AMENDMENT (PART	Y INFORMATION	l): This Amendment affects De	ebtor <u>or</u> Secured Pa	arty of record. Check on	ly <u>one</u> of these	two boxes.	
		d provide appropriate information in					
name (if name change	r address: Give curre a) in item 7a or 7b and	ent record name in item 6a or 6b; als d/or new address (if address change	so give new DELE in item 7c. to be	ETE name: Give record in deleted in item 6a or 6b		DD name: Complete item em 7c; also complete item	7a or 7b, and als
CURRENT RECORD II	NFORMATION:						o ra ig (ii appilo
6a. ORGANIZATION'S	NAME					· · · · · · · · · · · · · · · · · · ·	···
R SE INDIVIDUALIS LAS	TALASIE	······································	······································				
6b. INDIVIDUAL'S LAST NAME Hardy			FIRST NAME		MIDDLE	NAME	SUFFIX
			Denson		Α		
7a. ORGANIZATION'S		ION:					
7b. INDIVIDUAL'S LAST NAME		······································	FIRST NAME		LUDD) C	* NIA NAC	Tours
Hardy			Anita		MIDDLE	NAME	SUFFIX
: MAILING ADDRESS			CITY		Г		
3229 Highway 39)		Chelsea		STATE	POSTAL CODE 35043	COUNTR
TAX ID #: SSN OR EIN		7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF	ORGANIZATION			US
	ORGANIZATION DEBTOR	1		ON ON WIZZA FIOR	rg. Orte	SANIZATIONAL ID #, if any	y
AMENDMENT (COLL							
		or give entire restated collater	end alamanimatinus ————————————————————————————————————				
Joseph Comateral	added,	or give entire restated collater	al description, or describ	e collateralassign	ed.		
			·····				
NAME OF SECURED	PARTY OF RECO	ORD AUTHORIZING THIS AME	ENDMENT (name of ass	ignor, if this is an Assign	ment). If this is	an Amendment authorized	d by a Debtor wi
9a. ORGANIZATION'S N	authorizing Deptor, (or if this is a Termination authorized	by a Debtor, check here	and enter name of D	EBTOR autho	rizing this Amendment.	
Alabama Power							
		· · · · · · · · · · · · · · · · · · ·	······································				
9b. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE	· · · · · · · · · · · · · · · · · · ·	

10, OPTIONAL FILER REFERENCE DATA

UCC FINANCING STATEMENT AMENDMENT ADDENDUM

FOLI	LOW INSTRUCTIONS (front and back	k) CAREFULLY				
11. I	INITIAL FINANCING STATEMENT FI	LE # (same as item 1a on Ame	endment form)			
	20080915000364420					
12.	NAME OF PARTY AUTHORIZING TI	HIS AMENDMENT (same as	item 9 on Amendment form)			
	12a. ORGANIZATION'S NAME					
ΔĐ	Alabama Power Company					
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			



13. Use this space for additional information

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY