	20040324000150190 Pg 1/1 .00 Shelby Cnty Judge of Probate, AL 03/24/2004 10:39:00 FILED/CERTIFIED
UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] C.C. BARGER/205-226-1401	
B. SEND ACKNOWLEDGMENT TO: (Name and Address) ALABAMA POWER COMPANY 600 NORTH 18TH STREET BIRMINGHAM, AL 35291	
	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
1a. INITIAL FINANCING STATEMENT FILE # 20030829000576520/SHELBY	1b. This FINANCING STATEMENT AMENDMENT to be filed [for record] (or recorded) in the

OFFICE USE ONLY VG STATEMENT AMENDMENT is record] (or recorded) in the REAL ESTATE RECORDS. 2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9. 5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. T DELETE name: Give record name ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable). to be deleted in item 6a or 6b. 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME OR 6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX HERNDON **JACOB** 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX HERNDON **THERESA** 7c. MAILING ADDRESS CITY POSTAL CODE STATE COUNTRY 108 KENTWOOD LN UNIT 19 ALABASTER 35007 AL7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATION DEBTOR NONE 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

adds collaterar or adds the authorizing	Deptor, or if this is a Termina	NG THIS AMENDMENT (name of assignor, if thin tion authorized by a Debtor, check here and en	ter name of DEBTOR authorizing this Amendm	nent.
9a. ORGANIZATION'S NAME			······································	······································
ALABAMA POWER C	OMPANY			
96. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
				IOUTTIX