



09/02/2004 11:34:00 FILED/CERTIFIED

UCC FINANCING STATEMENT AMENDMEN	VT				
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					
L	THE ABOVE	SPACE IS FO	R FILING OFFICE USE	ONLY	
1a. INITIAL FINANCING STATEMENT FILE #			1b. This FINANCING STATEMENT AMENDMENT is		
20040708000377690/SHELBY		, , ,	to be filed [for 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 Par	ty authorizing this Termination	on Statement.	
3. CONTINUATION: Effectiveness of the Financing Statement identified about	ove with respect to security interest(s) of the Secu	ured Party author	orizing this Continuation Sta	itement is	
continued for the additional period provided by applicable law.					
1. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	address of assignee in item 7c; and also give nam	e of assignor in	item 9.		
· · · · · · · · · · · · · · · · · · ·	ebtor <u>or</u> Secured Party of record. Check on	ly <u>one</u> of these	two boxes.		
Also check one of the following three boxes and provide appropriate information in CHANGE name and/or address: Give current record name in item 6a or 6b; also		ame – 1	D name: Complete item 7a	or 7b, and also	
name (if name change) in item 7a or 7b and/or new address (if address change	e) in item 7c. to be deleted in item 6a or 6b.		m 7c; also complete items 7	d-7g (if applicable).	
6a. ORGANIZATION'S NAME	·		······································		
Ou. Ortoratization ortanic					
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	MIDDLE NAME SUFFIX		
DOBBS	HOWARD	B.			
'. CHANGED (NEW) OR ADDED INFORMATION:		12.			
7a. ORGANIZATION'S NAME					
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	MIDDLE NAME SUFFIX		
DOBBS	ANGELINE	F.			
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY	
201 HIGHWAY 270	MAYLENE	AL	35114		
d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORG.	ANIZATIONAL ID #, if any		
DEBTOR				NONE	
3. AMENDMENT (COLLATERAL CHANGE): check only one box.					
Describe collateral deleted or added, or give entire restated collate	ral description, or describe collateral assign	ed.			
. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM	IENDMENT (name of assignor, if this is an Assign	nment). If this is	an Amendment authorized b	y a Debtor which	
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized					
9a. ORGANIZATION'S NAME		······································			
ALABAMA POWER COMPANY					
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX	
0. OPTIONAL FILER REFERENCE DATA				······································	