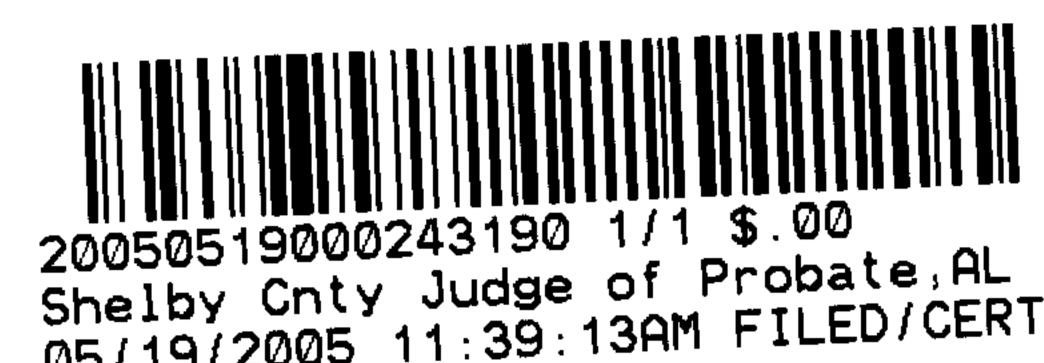
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		Shelby Cnty Judge of 05/19/2005 11:39:13AM	
CC FINANCING STATEMENT AME LLOW INSTRUCTIONS (front and back) CAREFULLY	ENUIVIENI		
NAME & PHONE OF CONTACT AT FILER [optional]			
Ruffin/205-226-1902			
SEND ACKNOWLEDGMENT TO: (Name and Address)			
Alabama Power Company			
600 N 18th St			
Birmingham, AL 35291			
	THE A	BOVE SPACE IS FOR FILING OFFICE I	USE ONLY
. INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATEM	IENT AMENDMENT
20050224000088540/Shelby		to be filed [for record] (or record) to be filed [for record] to be fil	
TERMINATION: Effectiveness of the Financing Statement			
CONTINUATION: Effectiveness of the Financing Statem continued for the additional period provided by applicable la	nent identified above with respect to security interest(s) of aw.	the Secured Party authorizing this Continuatio	n Statement is
ASSIGNMENT (full or partial): Give name of assignee in it		give name of assignor in item 9.	
AMENDMENT (PARTY INFORMATION): This Amendme			
Also check one of the following three boxes and provide appropria	<del></del>	Shook only <u>one</u> of those two soxes.	
CHANGE name and/or address: Give current record name in name (if name change) in item 7a or 7b and/or new address (	n item 6a or 6b; also give new DELETE name: Give		_
CURRENT RECORD INFORMATION:	(if address change) in item 70.		ino ra rg (n appnoc
6a. ORGANIZATION'S NAME			
	CIDOT NIA NAT	MIDDLE NAME	CHECK
6b. INDIVIDUAL'S LAST NAME	FIRST NAME Kenneth	MIDDLE NAME	SUFFIX
6b. INDIVIDUAL'S LAST NAME  Giglio	FIRST NAME  Kenneth	MIDDLE NAME  J.	SUFFIX
6b. INDIVIDUAL'S LAST NAME  Giglio		J.	SUFFIX
6b. INDIVIDUAL'S LAST NAME  Giglio  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME		J.	SUFFIX
6b. INDIVIDUAL'S LAST NAME  Giglio  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME	Kenneth	J.  MIDDLE NAME	SUFFIX
6b. INDIVIDUAL'S LAST NAME  Giglio  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  Giglio	Kenneth  FIRST NAME  Patricia	J.  MIDDLE NAME  Hyde	SUFFIX
6b. INDIVIDUAL'S LAST NAME  Giglio  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  Giglio  MAILING ADDRESS	FIRST NAME Patricia CITY	J.  MIDDLE NAME  Hyde  STATE POSTAL CODE	SUFFIX
6b. INDIVIDUAL'S LAST NAME  Giglio  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  Giglio  MAILING ADDRESS  057 Old Stone Dr.	FIRST NAME Patricia CITY Birmingham	MIDDLE NAME Hyde STATE POSTAL CODE AL 35242	SUFFIX
6b. INDIVIDUAL'S LAST NAME  Giglio  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  Giglio  MAILING ADDRESS  057 Old Stone Dr.  ADD'L INFO RE 7e. TYPE OF OR ORGANIZATION	FIRST NAME Patricia CITY Birmingham	MIDDLE NAME Hyde STATE POSTAL CODE AL 35242	SUFFIX
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