



		Shelby Chty 3dd350PM F1 06/16/2005 02:47:50PM F1	[LED/CERT
UCC FINANCING STATEMENT AMENDMEN			
FOLLOW INSTRUCTIONS (front and back) CAREFULLY			
A. NAME & PHONE OF CONTACT AT FILER [optional]			
J. RUFFIN 205-226-1902			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
ALABAMA POWER COMPANY			
600 NORTH 18TH STREET			
BIRMINGHAM, AL 35291			
	THE ABOVE SF	PACE IS FOR FILING OFFICE USE	
1a. INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATEMENT At to be filed [for record] (or record)	
1999-11983 SHELBY		to be filed [for record] (or record REAL ESTATE RECORDS.	
2. TERMINATION: Effectiveness of the Financing Statement identified above	· · · · · · · · · · · · · · · · · · ·		
3. CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law.	ove with respect to security interest(s) of the Secure	ed marty authorizing this Continuation Stat	ement is
4. 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	of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects De			
Also check one of the following three boxes and provide appropriate information in	Tourness of the control of the contr		
CHANGE name and/or address: Give current record name in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change)		ne D ADD name: Complete item 7a ditem 7c; also complete items 7d	or 7b, and also
6. CURRENT RECORD INFORMATION:	in item 70. Line defeted in item oa or ob.	item 70, also complete items 70	- 7 g (ii applicable).
6a. ORGANIZATION'S NAME			
			n
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MANCHA	GAY		
7. CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
820 MOUNTAINVIEW DR	WILSONVILLE	AL 35186	
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.			I
Describe collateral deleted or added, or give entire restated collate	ral description, or describe collateral assigned		
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN	IENDMENT (name of assignor, if this is an Assignm	ent). If this is an Amendment authorized by	y a Debtor which
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized	by a Debtor, check here and enter name of DE	BTOR authorizing this Amendment.	
9a. ORGANIZATION'S NAME			
ALABAMA POWER COMPANY	1		
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA			