JCC FINANCING STATEMENT AMENDMENT OLLOW INSTRUCTIONS (front and back) CAREFULLY			20050812000414820 1/1 \$.00		
A. NAME & PHONE OF CONTACT AT FILER [optional] J. RUFFIN/205.226/1902			Sue!	by Cnty Judge of 2/2005 10:05:226	
3. SEND ACKNOWLEDGMENT TO: (Name and Address)	<u></u>				, +LLD, OCK 1
ALABAMA POWER COMPANY 600 NORTH 18TH STREET BIRMINGHAM, AL 35291					
		THE ABOVE SPA		OR FILING OFFICE US	
a. INITIAL FINANCING STATEMENT FILE # $20040902000492020/SHELBY$			to	be filed [for record] (or rec EAL ESTATE RECORDS.	
. TERMINATION: Effectiveness of the Financing Statement identified about	pove is terminated with	respect to security interest(s) of the			ation Statement.
CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law.	d above with respect	to security interest(s) of the Secured	Party aut	horizing this Continuation	Statement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b	and address of assign	nee in item 7c; and also give name of	assignor i	n item 9.	
. AMENDMENT (PARTY INFORMATION): This Amendment affects	Debtor <u>or</u> Se	cured Party of record. Check only or	e of these	two boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information			^	DD name: Complete item	Zo or Zh. ond oloo
CHANGE name and/or address: Give current record name in item 6a or 6 name (if name change) in item 7a or 7b and/or new address (if address change)	nange) in item 7c.	DELETE name: Give record name to be deleted in item 6a or 6b.		DD name: Complete item em 7c; also complete item	s 7d-7g (if applicab
CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME		······································	, <u>, , , , , , , , , , , , , , , , , , </u>	——————————————————————————————————————	
m					
6b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME SUFFIX	
DOBSON	WILLIA	WILLIAM			
'. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	<u></u>	······································	· · · · · · · · · · · · · · · · · · ·		
R 7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
DOBSON	STEPHA		S.	- 1 V7 X1 V1 -	
c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
5041 WAGON TRACE	BIRMIN	IGHAM	AL	35242	
ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	N 7f. JURISDIC	7f. JURISDICTION OF ORGANIZATION		7g. ORGANIZATIONAL ID #, if any	
. AMENDMENT (COLLATERAL CHANGE): check only one box.					
Describe collateral deleted or added, or give entire restated co	ollateral description, of	r describe collateral assigned.			
	. * ** ** ** ** ** ** ** ** ** ** ** **	me of assignor, if this is an Assignme			ed by a Debtor which
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS adds collateral or adds the authorizing Debtor, or if this is a Termination authorizing Debtor.		eck here and enter name of DEB	TOR auu	ionzing this Amondment.	
		eck here and enter name of DEB	- OK auu		
		eck here and enter name of DEB	TOR aud		