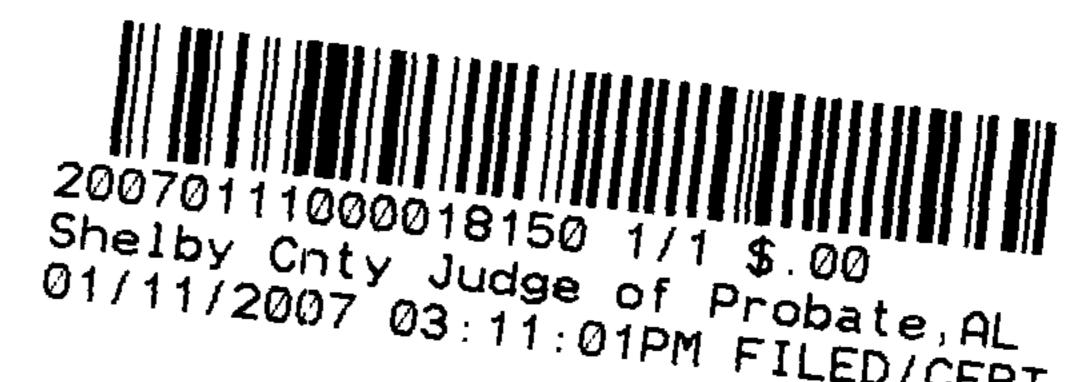
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JCC FINANCING STATEMENT AMEN	DMENT		03:11:01PM FI	LED/CERT
OLLOW INSTRUCTIONS (front and back) CAREFULLY				
A. NAME & PHONE OF CONTACT AT FILER [optional] J. RUFFIN/205.226.1902				
B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
ALABAMA POWER COMPANY				
600 NORTH 18TH STREET				
BIRMINGHAM, AL 35291				
	THE ABOVE	SPACE IS FO	R FILING OFFICE US	E ONLY
1a. INITIAL FINANCING STATEMENT FILE #			FINANCING STATEMEN	
20060811000391980/SHELBY		ìŁE	e filed [for record] (or reco	orded) in the
2. / TERMINATION: Effectiveness of the Financing Statement iden	tified above is terminated with respect to security interest(s) o			tion Statement.
3. CONTINUATION: Effectiveness of the Financing Statement in				
continued for the additional period provided by applicable law.				
4. ASSIGNMENT (full or partial): Give name of assignee in item	7a or 7b and address of assignee in item 7c; and also give na	me of assignor in	item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment at				
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate in		,		
CHANGE name and/or address: Give current record name in item	6a or 6b; also give new DELETE name: Give record	name A	DD name: Complete item 7	7a or 7b, and also
name (if name change) in item 7a or 7b and/or new address (if address). 6. CURRENT RECORD INFORMATION:	dress change) in item 7c. to be deleted in item 6a or 6	D. L. Ite	m 7c; also complete items	70-79 (ii applicable).
6a. ORGANIZATION'S NAME		<u></u> 7	<u>. </u>	
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	MIDDLE NAME SUFFIX	
STOCKTON	DAVID	M.		
			الناق الله المستحد	
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME		<u></u>		······································
OR 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
STOCKTON	LORI	ANN		
7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
5472 HIGHWAY 26	COLUMBIANA	AL	35051	
ADD'L INFO RE 7e. TYPE OF ORGAN			ANIZATIONAL ID #, if any	
ORGANIZATION				T NON
DEBTOR				NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box		_ _		
Describe collateral deleted or added, or give entire res	tated collateral description, or describe collateral	gned.		
9. NAME OF SECURED PARTY OF RECORD AUTHORIZIN	CITHIS AMENIDMENT (name of assigner if this is an Ass	(anment) If this is	s an Amendment authorize	d by a Debtor which
9. NAME OF SECURED PARTY OF RECORD ACTHORIZINg adds collateral or adds the authorizing Debtor, or if this is a Terminati	·			d by a Debtor Which
9a. ORGANIZATION'S NAME				
ALABAMA POWER COMPANY				
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
40 ODTIONAL EN ED DEFEDENCE OATA				
0. OPTIONAL FILER REFERENCE DATA				