FOI A.	C FINANCING STATEMENT AMENDMEN LOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional] RUFFIN/205.226.1902		200740055	
В.	ALABAMA POWER COMPANY 600 NORTH 18TH STREET BIRMINGHAM, AL 35291		20071005000467340 1/1 Shelby Cnty Judge of P 10/05/2007 12:41:17PM	\$ 00
		THE ABO	VE SPACE IS FOR FILING OFFICE US	SE ONLY
-	NITIAL FINANCING STATEMENT FILE #20060818000405040/SHELBY		1b. This FINANCING STATEME to be filed [for record] (or record)	NT AMENDMENT is
	TERMINATION: Effectiveness of the Financing Statement identified above	is terminated with respect to security interest(s	REAL ESTATE RECORDS. s) of the Secured Party authorizing this Termin	ation Statement.
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	Secured Party authorizing this Continuation	Statement 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 assignor in item 9.	
5. <i>i</i>		ebtor or Secured Party of record. Chec		
F	Iso check one of the following three boxes and provide appropriate information in		ond name - Total ADD names - Camplete item	7a ar 7h and alaa
	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)	so give new DELETE name: Give receipt of the property of the deleted in item 6a control of the property of the		7a or 7b, and also s 7d-7g (if applicable)
	CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME		······································	<u>.</u>
OR	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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	SMITH	DEBORAH	J.	
7. (HANGED (NEW) OR ADDED INFORMATION:	DEBORAH	J.	
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	HANGED (NEW) OR ADDED INFORMATION:	FIRST NAME	J. MIDDLE NAME	SUFFIX
	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			SUFFIX
OR 7c. i	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS	FIRST NAME CITY	MIDDLE NAME STATE POSTAL CODE	SUFFIX
OR 7c. i	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 1 MEADOWGREEN DR	FIRST NAME CITY MONTEVALLO	MIDDLE NAME STATE POSTAL CODE AL 35115	COUNTRY
OR 7c. i	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 1 MEADOWGREEN DR ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	FIRST NAME CITY	MIDDLE NAME STATE POSTAL CODE	COUNTRY
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