CC FINANCING STATEMENT AMENOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] . RUFFIN/205.226.1902 B. SEND ACKNOWLEDGMENT TO: (Name and Address)	NDMENT	20080228000081790 1/1 \$.00 Shelby Cnty Judge of Probate,AL 02/28/2008 01:30:38PM FILED/CERT	
ALABAMA POWER COMPANY 600 NORTH 18TH STREET BIRMINGHAM, AL 35291			
. INITIAL FINANCING STATEMENT FILE #		BOVE SPACE IS FOR FILING OFFICE U	
1996-31600/SHE		to be filed [for record] (or re	corded) in the
X TERMINATION: Effectiveness of the Financing Statement ide	entified above is terminated with respect to security intere	est(s) of the Secured Party authorizing this Termin	nation Statement.
CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable law.	identified above with respect to security interest(s) of	the Secured Party authorizing this Continuation	Statement is
ASSIGNMENT (full or partial): Give name of assignee in item			
AMENDMENT (PARTY INFORMATION): This Amendment a		heck only one of these two boxes.	
Also check one of the following three boxes and provide appropriate i	information in items 6 and/or 7.	Heck Only <u>One</u> of these two boxes.	
CHANGE name and/or address: Give current record name in iten name (if name change) in item 7a or 7b and/or new address (if ac	n 6a or 6b; also give new ddress change) in item 7c. DELETE name: Give	record name ADD name: Complete item	7a or 7b, and al
CURRENT RECORD INFORMATION:	TO SO CONTROLLING WATER	item 7c; also complete item	is /d-/g (if applic
6a. ORGANIZATION'S NAME			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	TANDOLE NAME	······································
VORSTER	PETER	MIDDLE NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION:		J.	
7a. ORGANIZATION'S NAME			
75 INDIVIDUALIS LAST MANUE			
7b. INDIVIDUAL'S LAST NAME VORSTER	FIRST NAME	MIDDLE NAME	SUFFIX
MAILING ADDRESS	ALLENE	DUNN	
1481 ROCK SCHOOL ROAD	HARPERSVILLE	STATE POSTAL CODE	COUNTR
TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGAN		AL 35078	
ORGANIZATION DEBTOR		N 7g. ORGANIZATIONAL ID #, if any	y —
MENDMENT (COLLATERAL CHANGE): check only one box	C.		N
""" TO "" LOVELY LIVAL OHANGE), CHECK DRIV DRE DAY	••••••••••••••••••••••••••••••••••••••	accionad	
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