CC FINANCING STATEMENT AMENDA OLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] . RUFFIN/205.226.1902 B. SEND ACKNOWLEDGMENT TO: (Name and Address)	WENT	20080408000140780 1/1 \$.00 Shelby Cnty Judge of Probate,AL 04/08/2008 08:56:55AM FILED/CERT	
ALABAMA POWER COMPANY 600 NORTH 18TH STREET BIRMINGHAM, AL 35291			
. INITIAL FINANCING STATEMENT FILE #	······································	E SPACE IS FOR FILING OFFICE U 1b. This FINANCING STATEME	NT AMENDMENT
TERMINATION: Effectiveness of the Financing Statement identified		to be filed [for record] (or re REAL ESTATE RECORDS.	·
TERMINATION: Effectiveness of the Financing Statement identified CONTINUATION: Effectiveness of the Financing Statement identified continued for the additional period provided by applicable law	fied above with respect to security interest(s) of the C	of the Secured Party authorizing this Termin	nation Statement.
outsided for the additional period provided by applicable law.			Statement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or			
AMENDMENT (PARTY INFORMATION): This Amendment affects Also check one of the following three boxes and provide appropriate informations and provide appropriate informations and provide appropriate informations and provide appropriate informations.		only one of these two boxes.	
CHANGE name and/or address: Give current record name in item 6a or name (if name change) in item 7a or 7b and/or new address (if address	r 6b; also give new DELETE name: Give recor	d name ADD name: Complete item	7a or 7h, and als
CURRENT RECORD INFORMATION:	change) in item 7c. to be deleted in item 6a or 6	6b. item 7c; also complete item	s 7d-7g (if applica
6a. ORGANIZATION'S NAME	······································		
6b. INDIVIDUAL'S LAST NAME			
SMITH	FIRST NAME CHRISTOPHER	MIDDLE NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION:	CHRISTOTTER	R.	
7a. ORGANIZATION'S NAME			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME KARREN	MIDDLE NAME	SUFFIX
CMITH	IKARRHN	M.	
SMITH MAILING ADDRESS			
MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
MAILING ADDRESS 212 DOYLE DR TAX ID #: SSN OR EIN ADD'L INFO RE 76, TYPE OF ORGANIZATION	CITY MONTEVALLO	AL 35115	COUNTRY
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