ICC FINANCING STATEMENT AMEN	DMENT	2009042000474040	
OLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] J. RUFFIN/205.226.1902		20080429000174040 1/1 Shelby Cnty Judge of Pr 04/29/2008 10:50:56AM F	obate, AL
3. SEND ACKNOWLEDGMENT TO: (Name and Address)			
ALABAMA POWER COMPANY			
600 NORTH 18TH STREET BIRMINGHAM, AL 35291			
	THE A	ABOVE SPACE IS FOR FILING OFFICE (ISE ONLY
a. INITIAL FINANCING STATEMENT FILE # 20030605000350		1b. This FINANCING STATEM to be filed [for record] (or record).	ENT AMENDMENT is ecorded) in the
. TERMINATION: Effectiveness of the Financing Statement idea	ntified above is terminated with respect to security inter		
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	n Statement is
. 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	
. AMENDMENT (PARTY INFORMATION): This Amendment a		Check only one of these two boxes.	
Also check one of the following three boxes and provide appropriate in	terminal ter		
CHANGE name and/or address: Give current record name in item name (if name change) in item 7a or 7b and/or new address (if address)	n 6a or 6b; also give new DELETE name: Gived deleted in item 7c. Deleted in item		m 7a or 7b, and also ms 7d-7g (if applicable
6a. ORGANIZATION'S NAME			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
KILPATRICK	KATHY	KREWSON	
'. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			
NO I		MIDDLE NAME	SUFFIX
7b. INDIVIDUAL'S LAST NAME	FIRST NAME		•
76. INDIVIDUAL'S LAST NAME	FIRST NAME CITY	STATE POSTAL CODE	COUNTRY
76. INDIVIDUAL'S LAST NAME c. MAILING ADDRESS 105 WILDFLOWER TRAIL		STATE POSTAL CODE AL 35007	COUNTRY
c. MAILING ADDRESS	CITY ALABASTER	AL 35007	any
76. INDIVIDUAL'S LAST NAME C. MAILING ADDRESS 105 WILDFLOWER TRAIL G. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGAN ORGANIZATION DEBTOR	CITY ALABASTER NIZATION 7f. JURISDICTION OF ORGANIZATION.	AL 35007 ON 7g. ORGANIZATIONAL ID #, if a	any
The individual's last name. The individual's	CITY ALABASTER NIZATION 7f. JURISDICTION OF ORGANIZATION.	AL 35007 ON 7g. ORGANIZATIONAL ID #, if a	any
c. MAILING ADDRESS 105 WILDFLOWER TRAIL d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGAN ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one both	CITY ALABASTER NIZATION 7f. JURISDICTION OF ORGANIZATION.	AL 35007 ON 7g. ORGANIZATIONAL ID #, if a	any
c. MAILING ADDRESS 105 WILDFLOWER TRAIL d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGAN ORGANIZATION DEBTOR 6. AMENDMENT (COLLATERAL CHANGE): check only one both	CITY ALABASTER NIZATION 7f. JURISDICTION OF ORGANIZATION.	AL 35007 ON 7g. ORGANIZATIONAL ID #, if a	any
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