	C FINANCING STATEMENT AMENDMEN OW INSTRUCTIONS (front and back) CAREFULLY			
	AME & PHONE OF CONTACT AT FILER [optional] UFFIN/205.226.1902	20080 Shell	0429000174070 1/1 \$.00 by Cnty Judge of Probate, 9/2008 10:50:59AM FILED/C	AL ERT
	END ACKNOWLEDGMENT TO: (Name and Address)	04/2	9/2008 10:50.55	
	ALABAMA POWER COMPANY 600 NORTH 18TH STREET BIRMINGHAM, AL 35291			
ta I	NITIAL FINANCING STATEMENT FILE #	THE ABOVE S	SPACE IS FOR FILING OFFICE US  1b. This FINANCING STATEME	
ia. I	20061006000497730/SHE	ELBY	to be filed [for record] (or record).	
2.	TERMINATION: Effectiveness of the Financing Statement identified above in	is terminated with respect to security interest(s) of t		ation Statement.
<b>3.</b> [	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 Secu	ured Party authorizing this Continuation	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 nam	e of assignor in item 9.	
. <u>.</u> 5. /	MENDMENT (PARTY INFORMATION): This Amendment affects De			
A	so check one of the following three boxes and provide appropriate information in	items 6 and/or 7.		
	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 record re) in item 7c. to be deleted in item 6a or 6b.		7a or 7b, and also s 7d-7g (if applicab
_	URRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME			
	ba. ORGANIZATION'S NAME			
R	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	HOLT	BOBBY	D.	
			D.	
. (	HANGED (NEW) OR ADDED INFORMATION:			
	HANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			
	7a. ORGANIZATION'S NAME			SUFFIX
		FIRST NAME	MIDDLE NAME	SUFFIX
)R	7a. ORGANIZATION'S NAME			SUFFIX
)R c. I	7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	
)R c. i	7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  [AILING ADDRESS	FIRST NAME CITY	MIDDLE NAME  STATE POSTAL CODE	COUNTRY
c. (2	7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  IAILING ADDRESS  311 AMBERLEY WOODS TRACE  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR   DEBTOR	FIRST NAME  CITY  HELENA	MIDDLE NAME  STATE POSTAL CODE  AL 35080	COUNTRY
R 2	7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  IAILING ADDRESS  311 AMBERLEY WOODS TRACE  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION	FIRST NAME  CITY  HELENA  7f. JURISDICTION OF ORGANIZATION	MIDDLE NAME  STATE POSTAL CODE  AL 35080  7g. ORGANIZATIONAL ID #, if ar	COUNTRY
c. 7	Ta. ORGANIZATION'S NAME  Talling Address  311 AMBERLEY WOODS TRACE  TAX ID #: SSN OR EIN   ADD'L INFO RE   To. TYPE OF ORGANIZATION   DEBTOR    MENDMENT (COLLATERAL CHANGE): check only one box.  Pescribe collateral   deleted or   added, or give entire   restated collate    AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM lids collateral or adds the authorizing Debtor, or if this is a Termination authorized 9a. ORGANIZATION'S NAME	FIRST NAME  CITY HELENA  7f. JURISDICTION OF ORGANIZATION  aral description, or describe collateral assign  MENDMENT (name of assignor, if this is an Assign	MIDDLE NAME  STATE POSTAL CODE AL 35080  7g. ORGANIZATIONAL ID #, if ar	COUNTRY
C. A.	Ta. ORGANIZATION'S NAME  Talling address  311 AMBERLEY WOODS TRACE  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   DEBTOR    MENDMENT (COLLATERAL CHANGE): check only one box.  Pascribe collateral   deleted or   added, or give entire   restated collate  AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AW adds collateral or adds the authorizing Debtor, or if this is a Termination authorized.	FIRST NAME  CITY HELENA  7f. JURISDICTION OF ORGANIZATION  aral description, or describe collateral assign  MENDMENT (name of assignor, if this is an Assign	MIDDLE NAME  STATE POSTAL CODE AL 35080  7g. ORGANIZATIONAL ID #, if ar	COUNTRY