JCC FINANCING STATEMENT AMENDMENT OLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] J. RUFFIN/205.226.1902 B. SEND ACKNOWLEDGMENT TO: (Name and Address)		20080627000263100 1/1 \$.00 Shelby Cnty Judge of Probate,AL 06/27/2008 01:07:57PM FILED/CERT			
ALABAMA POWER COMPANY 600 NORTH 18TH STREET BIRMINGHAM, AL 35291					
. INITIAL FINANCING STATEMENT FILE #	276480/SHELBY	THE ABOVE SPA	1b. This	R FILING OFFICE USE FINANCING STATEMENT offiled (for record) (or record)	AMENDMENT
		to contritu internettal of the mo	RE/	e filed [for record] (or record). AL ESTATE RECORDS.	
TERMINATION: Effectiveness of the Financing Statement CONTINUATION: Effectiveness of the Financing Statement					
continued for the additional period provided by applicable la	aw.				ACCITION 15
ASSIGNMENT (full or partial): Give name of assignee in i					
AMENDMENT (PARTY INFORMATION): This Amendme	أبيعمة اسما	arty of record. Check only one	of these t	wo boxes.	
Also check one of the following three boxes and provide appropriately CHANGE name and/or address: Give current record name in name (if name change) in item 7a or 7b and/or new address (ETE name: Give record name	[] AD	D_name: Complete item 7a	or 7h and ala
name (if name change) in item 7a or 7b and/or new address (CURRENT RECORD INFORMATION:	(if address change) in item 7c. to b	deleted in item 6a or 6b.		n 7c; also complete items 7	d-7g (if applica
6a. ORGANIZATION'S NAME		· · · · · · · · · · · · · · · · · · ·	······		
6b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
STALNAKER	CHERYL		M.		
CHANGED (NEW) OR ADDED INFORMATION:	•		<u> </u>		
				·····	
7a. ORGANIZATION'S NAME					
}		······································		······································	
	FIRST NAME		MIDDLE	NAME	SUFFIX
7b. INDIVIDUAL'S LAST NAME					
7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS	CITY		STATE	POSTAL CODE	
7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 23 S FORTY RD	CITY ALABASTE		STATE	POSTAL CODE 35007	SUFFIX
7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 23 S FORTY RD TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF OR ORGANIZATION	CITY ALABASTE		STATE	POSTAL CODE	
TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF OR ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one	CITY ALABASTE RGANIZATION 7f. JURISDICTION O	FORGANIZATION	STATE	POSTAL CODE 35007	COUNTRY
7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 23 S FORTY RD TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF OR ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one	CITY ALABASTE RGANIZATION 7f. JURISDICTION O	FORGANIZATION	STATE	POSTAL CODE 35007	COUNTRY
7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 23 S FORTY RD TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF OR ORGANIZATION	CITY ALABASTE RGANIZATION 7f. JURISDICTION Of the second	be collateral assigned. signor, if this is an Assignment and enter name of DEBT	STATE AL 7g. ORGA	POSTAL CODE 35007 ANIZATIONAL ID #, if any izing this Amendment.	COUNTRY