ICC FINANCING STATEMENT AMEN	IDMENT		
OLLOW INSTRUCTIONS (front and back) CAREFULLY			
A. NAME & PHONE OF CONTACT AT FILER [optional] . RUFFIN/205.226.1902		20080627000263120 1/1 \$ Shelby Cnty Judge of Pr	.00 obate.AL
3. SEND ACKNOWLEDGMENT TO: (Name and Address)		06/27/2008 01:07:59PM F	ILED/CERT
ALABAMA POWER COMPANY			
600 NORTH 18TH STREET			
BIRMINGHAM, AL 35291			
I. INITIAL FINANCING STATEMENT FILE #	THEA	BOVE SPACE IS FOR FILING OFFICE U	SE ONLY
20070326000134	1250/SHELBY	1b. This FINANCING STATEME to be filed [for record] (or re	
X TERMINATION: Effectiveness of the Financing Statement ide	ntified above is terminated with respect to convity inter-	REAL ESTATE RECORDS	
TERMINATION: Effectiveness of the Financing Statement ide  CONTINUATION: Effectiveness of the Financing Statement  continued for the additional period provided by applicable law	identified above with respect to security interest	the Secured Party authorizing this Termi	nation Statement.
continued for the additional period provided by applicable law.	acord man respect to security interest(s) of	me Secured 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 of	ive name of assignor in item 9.	······································
AMENDMENT (PARTY INFORMATION): This Amendment a		heck only one of these two boxes.	
Also check one of the following three boxes and provide appropriate in	nformation in items 6 and/or 7.	THE STATE OF MICCOUNTY DOMES.	
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 ad	n 6a or 6b; also give new deleted in item 6 to be deleted in item 6	record name ADD name: Complete item	7a or 7b, and als
CURRENT RECORD INFORMATION:	to be deleted in Rein (	item 7c; also complete item	is 7d-7g (if applic
6a. ORGANIZATION'S NAME		······································	······
Ch (N/D)) // (O) / (OT ) / (O)			
66. INDIVIDUAL'S LAST NAME  JONES	FIRST NAME	MIDDLE NAME	SUFFIX
	SANDRA	A.	
CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME			
7 a. ORGANIZATION S NAIVIE			******
7b. INDIVIDUAL'S LAST NAME	FIRST NAME		· <u> </u>
	I II TO I IVALUE	MIDDLE NAME	SUFFIX
MAILING ADDRESS	CITY	STATE DOOTAL CODE	00111170
	PELHAM	STATE POSTAL CODE  AL 35124	COUNTRY
4004 SADDLE RUN CIR	1		
	IZATION 7f. JURISDICTION OF ORGANIZATION	Y ORGANIZATIONAL ID 4 if on	
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