CC FINANCING STATEMENT AMEND	MENT		
LLOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional] RUFFIN/205.226.1902	<u></u>	80722000294000 1/1 \$.00 80722000294000 1/1 \$.00 1by Cnty Judge of Proba 122/2008 08:21:27AM FILE 22/2008 08:21:27AM FILE	ste.AL
SEND ACKNOWLEDGMENT TO: (Name and Address)			
ALABAMA POWER COMPANY 600 NORTH 18TH STREET			
BIRMINGHAM, AL 35291			
	THE ABOVE	SPACE IS FOR FILING OFFICE	E USE ONLY
INITIAL FINANCING STATEMENT FILE # 2007091000042326	50/SHELBY	1b. This FINANCING STATE to be filed [for record] (continued and the state of the s	MENT AMENDMENT recorded) in the
X TERMINATION: Effectiveness of the Financing Statement identified	ed above is terminated with respect to security interest(s) of	the Secured Party authorizing this Te	rmination Statement
CONTINUATION: Effectiveness of the Financing Statement ider continued for the additional period provided by applicable law.	ntified above with respect to security interest(s) of the Sec	ured Party authorizing this Continua	ion Statement is
	or 76 and add		
ASSIGNMENT (full or partial): Give name of assignee in item 7a (			
AMENDMENT (PARTY INFORMATION): This Amendment affect also check one of the following three boxes and provide appropriate informations and provide appropriate informations and provide appropriate informations.	land '	ly one of these two boxes.	
		name [TT] ADD name: Camalaia	tom 70 75 1
CHANGE name and/or address: Give current record name in item 6a name (if name change) in item 7a or 7b and/or new address (if address CHRRENT PECORD INFORMATION)	ss change) in item 7c.  DELETE name: Give record to be deleted in item 6a or 6b	name ADD name: Complete i item 7c; also complete	tem 7a or 7b, and a tems 7d-7g (if appli
CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	
TWEEDY	JAMES		SUFFIX
CHANGED (NEW) OR ADDED INFORMATION:		Α,	
7a. ORGANIZATION'S NAME		······································	
			SUFFIX
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	
7b. INDIVIDUAL'S LAST NAME  MAILING ADDRESS	FIRST NAME  CITY		COUNTR
		STATE POSTAL CODE	COUNTR
MAILING ADDRESS  04 COALES PBRANCH DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZA	CITY PELHAM	STATE POSTAL CODE AL 35124	
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