						e de les este
	C FINANCING STATEMENT AMEN	IDMENT				
. N	NAME & PHONE OF CONTACT AT FILER [optional]  RUFFIN/205.226.1902  SEND ACKNOWLEDGMENT TO: (Name and Address)		Cha1	8082800034	4860 1/1 \$.00 ludge of Proba :05:05AM FILE	(e,HL
	ALABAMA POWER COMPANY 600 NORTH 18TH STREET BIRMINGHAM, AL 35291					
			TI IT A TO O VE O D A O I	~ 10 ~ 0 TU	INO OFFICE HOF	ONI V
. 11	NITIAL FINANCING STATEMENT FILE # 20080408000140	0690/SHELBY		b. This FINA to be filed	NCING STATEMENT (for record) (or record)	AMENDMENT
×	TERMINATION: Effectiveness of the Financing Statement ide	entified above is terminated with respect to	security interest(s) of the Sec			n Statement.
	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 Pa	irty authorizing	this Continuation Stat	tement is
<b></b>	ASSIGNMENT (full or partial): Give name of assignee in item	7a or 7h and addrage of agginnee in item	7c: and also give name of acc	signor in item 0		
_	ASSIGNMENT (full or partial): Give name of assignee in item  AMENDMENT (PARTY INFORMATION): This Amendment a					
	AMENDIMENT (PARTY INFORMATION): This Amendment a	<del></del>	y of record. Check only one c	JI MIESE (WO DO	, , , , , , , , , , , , , , , , , , ,	
	TI CHANGE name and/or address: Give current record name in iter	m 6a or 6b: also give new	E name: Give record name	ADD nan	ne: Complete item 7a	or 7b, and als
	name (if name change) in item 7a or 7b and/or new address (if accurate to the control of the con	ddress change) in item 7cto be d	eleted in item 6a or 6b.	item /c;	also complete items 7	1-7g (if applica
	6a. ORGANIZATION'S NAME		······································			
}	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	1	MIDDLE NAME		SUFFIX
	BELL	DANT		$\sim$		
		DAVID		G.		
(		DAVID		U.	· · ·	
	CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME	DAVID		U.		
	CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME	DAVID		J.		
	CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME	FIRST NAME		MIDDLE NAME		SUFFIX
2	CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME					SUFFIX
2	CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME	FIRST NAME  DAVINE  CITY		MIDDLE NAME L. STATE POS	TAL CODE	
?	CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  BELL	FIRST NAME DAVINE		MIDDLE NAME L. STATE POS		
\ 1	CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  BELL  MAILING ADDRESS	FIRST NAME  DAVINE  CITY  ALABASTER		MIDDLE NAME  L.  STATE POS  AL 350	TAL CODE	COUNTRY
1	CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  BELL  MAILING ADDRESS  1014 HENRY DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGA ORGANIZATION DEBTOR	FIRST NAME  DAVINE  CITY  ALABASTER  INIZATION 7f. JURISDICTION OF C		MIDDLE NAME  L.  STATE POS  AL 350	TAL CODE	COUNTR
1	CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  BELL  MAILING ADDRESS  1014 HENRY DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGA ORGANIZATION DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one both	FIRST NAME  DAVINE  CITY  ALABASTER  ANIZATION  7f. JURISDICTION OF C	DRGANIZATION	MIDDLE NAME  L.  STATE POS  AL 350	TAL CODE	COUNTR
1	CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  BELL  MAILING ADDRESS  1014 HENRY DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGA ORGANIZATION DEBTOR	FIRST NAME  DAVINE  CITY  ALABASTER  ANIZATION  7f. JURISDICTION OF C	DRGANIZATION	MIDDLE NAME  L.  STATE POS  AL 350	TAL CODE	COUNTR
1	CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  BELL  MAILING ADDRESS  1014 HENRY DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGA ORGANIZATION DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one both	FIRST NAME  DAVINE  CITY  ALABASTER  ANIZATION  7f. JURISDICTION OF C	DRGANIZATION	MIDDLE NAME  L.  STATE POS  AL 350	TAL CODE	COUNTR
1	CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  BELL  MAILING ADDRESS  1014 HENRY DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGA ORGANIZATION DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one both	FIRST NAME  DAVINE  CITY  ALABASTER  ANIZATION  7f. JURISDICTION OF C	DRGANIZATION	MIDDLE NAME  L.  STATE POS  AL 350	TAL CODE	COUNTR
	CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  BELL  MAILING ADDRESS  1014 HENRY DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGA ORGANIZATION DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one both	FIRST NAME  DAVINE  CITY  ALABASTER  ANIZATION  7f. JURISDICTION OF C	DRGANIZATION	MIDDLE NAME  L.  STATE POS  AL 350	TAL CODE	COUNTR
	CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  BELL  MAILING ADDRESS  1014 HENRY DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGA ORGANIZATION DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one both	FIRST NAME  DAVINE  CITY  ALABASTER  ANIZATION  7f. JURISDICTION OF C	DRGANIZATION	MIDDLE NAME  L.  STATE POS  AL 350	TAL CODE	COUNTR
1	CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  BELL  MAILING ADDRESS  1014 HENRY DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGA ORGANIZATION DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one both	FIRST NAME  DAVINE  CITY  ALABASTER  ANIZATION  7f. JURISDICTION OF C	DRGANIZATION	MIDDLE NAME  L.  STATE POS  AL 350	TAL CODE	COUNTR
1	CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  BELL  MAILING ADDRESS  1014 HENRY DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGA ORGANIZATION DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one both	FIRST NAME  DAVINE  CITY  ALABASTER  ANIZATION  7f. JURISDICTION OF C	DRGANIZATION	MIDDLE NAME  L.  STATE POS  AL 350	TAL CODE	COUNTR
1	CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  BELL  MAILING ADDRESS  1014 HENRY DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGA ORGANIZATION DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one both	FIRST NAME  DAVINE  CITY  ALABASTER  ANIZATION  7f. JURISDICTION OF C	DRGANIZATION	MIDDLE NAME  L.  STATE POS  AL 350	TAL CODE	COUNTR
N 1	CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  BELL  MAILING ADDRESS  1014 HENRY DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGA ORGANIZATION DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one both	FIRST NAME  DAVINE  CITY  ALABASTER  ANIZATION  7f. JURISDICTION OF C	DRGANIZATION	MIDDLE NAME  L.  STATE POS  AL 350	TAL CODE	COUNTR
₹ 1	CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  BELL  MAILING ADDRESS  1014 HENRY DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGA ORGANIZATION DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one both	FIRST NAME  DAVINE  CITY  ALABASTER  ANIZATION  7f. JURISDICTION OF C	DRGANIZATION	MIDDLE NAME  L.  STATE POS  AL 350	TAL CODE	COUNTR
	CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  BELL  MAILING ADDRESS  1014 HENRY DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGA ORGANIZATION DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one bookscribe collateral   deleted or   added, or give entire   respective of the collateral   deleted or   added   respective entire   respective of the collateral   deleted or   added   respective entire   respective of the collateral   deleted or   added   respective entire   respective entir	FIRST NAME DAVINE CITY ALABASTER  OX. estated collateral description, or describe  NG THIS AMENDMENT (name of assi	programment grow, if this is an Assignment).	MIDDLE NAME  L.  STATE POS  AL 350  7g. ORGANIZA  If this is an Ar	TAL CODE 007 ATIONAL ID #, if any mendment authorized by	COUNTRY
	CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  BELL  MAILING ADDRESS  1014 HENRY DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGA ORGANIZATION DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one book of the collateral   deleted or   added, or give entire   recommended in the collateral   deleted or   added, or give entire   recommended in the collateral   deleted or   added, or give entire   recommended in the collateral   deleted   added   added   deleted   added   added	FIRST NAME DAVINE CITY ALABASTER  OX. estated collateral description, or describe  NG THIS AMENDMENT (name of assi	programment grow, if this is an Assignment).	MIDDLE NAME  L.  STATE POS  AL 350  7g. ORGANIZA  If this is an Ar	TAL CODE 007 ATIONAL ID #, if any mendment authorized by	COUNTRY
N 1	CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  BELL  MAILING ADDRESS  1014 HENRY DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGA ORGANIZATION DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one body one of the collateral   deleted or   added, or give entire   results of the collateral   deleted or   added, or give entire   results of the collateral   deleted or   added, or give entire   results of the collateral   deleted or   added, or give entire   results of the collateral   deleted or   added, or give entire   results of the collateral   deleted or   added, or give entire     results of the collateral   deleted or   added, or give entire	FIRST NAME DAVINE CITY ALABASTER  OX. estated collateral description, or describe  NG THIS AMENDMENT (name of assi	programment grow, if this is an Assignment).	MIDDLE NAME  L.  STATE POS  AL 350  7g. ORGANIZA  If this is an Ar	TAL CODE 007 ATIONAL ID #, if any mendment authorized by	COUNTRY
N 1	CHANGED (NEW) OR ADDED INFORMATION:    7a. ORGANIZATION'S NAME	FIRST NAME DAVINE CITY ALABASTER  OX. estated collateral description, or describe  NG THIS AMENDMENT (name of assi	programment grow, if this is an Assignment).	MIDDLE NAME  L.  STATE POS  AL 350  7g. ORGANIZA  If this is an Ar	TAL CODE 007 ATIONAL ID #, if any mendment authorized by	COUNTRY
N 1	CHANGED (NEW) OR ADDED INFORMATION:    7a. ORGANIZATION'S NAME	FIRST NAME DAVINE CITY ALABASTER  OX. estated collateral description, or describe  NG THIS AMENDMENT (name of assi	gnor, if this is an Assignment).  and enter name of DEBTO	MIDDLE NAME  L.  STATE POS  AL 350  7g. ORGANIZA  If this is an Ar	TAL CODE 007  ATIONAL ID #, if any this Amendment.	COUNTRY