UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY				20080828000344920 1/1 \$.00			
	NAME & PHONE OF CONTACT AT FILER [options	al]		Shelby	/ Chty	Judge of Probate 1:05:11AM FILED	
****	RUFFIN/205.226.1902 SEND ACKNOWLEDGMENT TO: (Name and Add	ress)					
	ALABAMA POWER COMPANY	•					
	600 NORTH 18TH STREET						
	BIRMINGHAM, AL 35291						
	<u> </u>			THE ABOVE SPA	CE IS FO	OR FILING OFFICE US	SE ONI Y
. }	NITIAL FINANCING STATEMENT FILE #	00016060000	T > 3 7		1b. Th	is FINANCING STATEME	NT AMENDMEN
	200704120	000168620/SHEL	JBY			be filed [for record] (or rec AL ESTATE RECORDS.	corded) in the
2	C TERMINATION: Effectiveness of the Financing State	ement identified above is	terminated with respect to	security interest(s) of the S	ecured Pa	rty authorizing this Termin	nation Statement.
	CONTINUATION: Effectiveness of the Financing S continued for the additional period provided by applica		e with respect to security	interest(s) of the Secured	Party auth	orizing this Continuation	Statement is
r			ddroop of conjence in item	Zou and also sive name of			
	ASSIGNMENT (full or partial): Give name of assignment (PARTY INFORMATION): This Ame			/c; and also give name of a y of record. Check only <u>on</u>			
	Iso check one of the following three boxes and provide app	<u> </u>	tered .	y or record. Check only <u>on</u>	g or these	two poxes.	
	CHANGE name and/or address: Give current record na name (if name change) in item 7a or 7b and/or new add	•		E name: Give record name eleted in item 6a or 6b.		DD name: Complete item	7a or 7b, and als
	CURRENT RECORD INFORMATION:	ness (n address change) i	in item 70. I to be o	eleted in item oa or ob.	1 118	m 7c; also complete item	s 70-7g (ii applic
:	6a. ORGANIZATION'S NAME						
?	Ch. (NICH ACT NAME						
	6b. INDIVIDUAL'S LAST NAME WOODMAN		FIRST NAME HAROLD		MIDDLE	NAME	SUFFIX
_	CHANGED (NEW) OR ADDED INFORMATION:			······································	E.		
	7a. ORGANIZATION'S NAME					····	
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	7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX
	WOODMAN	"	KYRA		FINLEY		
N	MAILING ADDRESS 286 OLD CAHABA TRACE		HELENA		STATE	POSTAL CODE 35080	COUNTR
1	TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE C	F ORGANIZATION	7f. JURISDICTION OF C	RGANIZATION	ļ <u>.</u>	ANIZATIONAL ID #, if any	
					'g. 0110	THE THE TOTAL ID ME IT CALL	· —
	ORGANIZATION '				<u> </u>		
•	ORGANIZATION DEBTOR	•					
•	ORGANIZATION '		description, or describe	collateral assigned.			
Δ.	ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check on		description, or describe	collateral assigned.			
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