OLI A. N J. F	C FINANCING STATEMENT AMENI LOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional] RUFFIN/205.226.1902 SEND ACKNOWLEDGMENT TO: (Name and Address) ALABAMA POWER COMPANY 600 NORTH 18TH STREET BIRMINGHAM, AL 35291	DMENT			01340 1/1 \$.00 Judge of Probat 2:13:23PM FILED	. ••
ш а. I	NITIAL FINANCING STATEMENT FILE #	70/CHELDV	THE ABOVE SPA	1b. This	R FILING OFFICE US	NT AMENDMENT is
	200605090002173	· · · · · · · · · · · · · · · · · · ·		REA	e filed [for record] (or red L ESTATE RECORDS.	
<u>.</u>	TERMINATION: Effectiveness of the Financing Statement ident					· · · · · · · · · · · · · · · · · · ·
·L	CONTINUATION: Effectiveness of the Financing Statement is continued for the additional period provided by applicable law.	aentineu above with respect to se	Junty interest(s) of the Secured	rany aumo	mzing uns continuation (olatement is
T	ASSIGNMENT (full or partial): Give name of assignee in item 7	a or 7b and address of assignee in	item 7c; and also give name of	assignor in i	tem 9.	
. <i> </i>	MENDMENT (PARTY INFORMATION): This Amendment aff	ects Debtor or Secured	Party of record. Check only or	ne of these to	wo boxes.	
	also check one of the following three boxes and provide appropriate inf					
Γ	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 add	6a or 6b; also give new to	ELETE name: Give record nam be deleted in item 6a or 6b.	e AD	D name: Complete item n 7c; also complete item:	7a or 7b, and also s 7d-7g (if applicable
- -{	CURRENT RECORD INFORMATION:	ress change) in item 70.	De deleted in item oa or ob.	11011	ir 70, also complete item.	3 ro-rg (ii applicab
	6a. ORGANIZATION'S NAME					
]						
R 6b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME SUFFIX		SUFFIX
	QUICK	TIM		R.		
	OLIANOED (MENA) OD ADDED INCODMATION:					<u> </u>
	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME					······································
R	7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME		SUFFIX
	QUICK	TONIA		A.		
	MAILING ADDRESS	CITY			POSTAL CODE	COUNTRY
	924 5TH AVE SW	ALABAST	ΕŘ	1	35007	
	TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANI		OF ORGANIZATION		NIZATIONAL ID #, if an	<u> </u>
1.	ORGANIZATION	7,,00,,00,		1, 3. 0, 10,		_
*****	DEBTOR		······			NC.
	AMENDMENT (COLLATERAL CHANGE): check only one box.					
_	escribe collateral deleted or added, or give entire rest	ated collateral description, or de	scribe collateral assigned.			
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	NAME OF SECURED DARTY OF BECORD ALITHORIZING	3 THIS AMENDMENT (name o	fassioner if this is an Assignmen	nt) If this is	an Amendment authoriza	ed by a Dahtor which
	NAME OF SECURED PARTY OF RECORD AUTHORIZING		_	•		ed by a Debtor whic
Na	idds collateral or adds the authorizing Debtor, or if this is a Terminatio		_	•		ed by a Debtor whic
Na	dds collateral or adds the authorizing Debtor, or if this is a Terminatio		_	•		ed by a Debtor whic
N a	odds collateral or adds the authorizing Debtor, or if this is a Termination 9a. ORGANIZATION'S NAME ALABAMA POWER COMPANY	n authorized by a Debtor, check h	_	STOR author	rizing this Amendment.	
N a	odds collateral or adds the authorizing Debtor, or if this is a Termination Pa. ORGANIZATION'S NAME ALABAMA POWER COMPANY		_	•	rizing this Amendment.	ed by a Debtor which