



UCC FINANCING STATEMENT AMENDMEN' FOLLOW INSTRUCTIONS (front and back) CAREFULLY				
A. NAME & PHONE OF CONTACT AT FILER [optional]				
J. RUFFIN/205.226.1902				
B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
				
ALABAMA POWER COMPANY	į.			
600 NORTH 18TH STREET				
BIRMINGHAM, AL 35291				
	THE ABOVE SPA	CE IS EC	R FILING OFFICE USE O	NI Y
1a. INITIAL FINANCING STATEMENT FILE #		·	s FINANCING STATEMENT A	·
20040106000009800/SHEL	LBY		e filed [for record] (or recorde AL ESTATE RECORDS.	d) in the
2. TERMINATION: Effectiveness of the Financing Statement identified above is	terminated with respect to security interest(s) of the S			Statement.
3. CONTINUATION: Effectiveness of the Financing Statement identified above				
continued for the additional period provided by applicable law.	e with respect to security interest(s) of the occured	, asty datis	oneng ims continuation ctate	
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and ad	ddress of assignee in item 7c; and also give name of	assignor in	item 9.	
	tor or Secured Party of record. Check only on		· · · · · · · · · · · · · · · · · · ·	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debt. Also check one of the following three boxes and provide appropriate information in ite		g Or these	two boxes.	
CHANGE name and/or address: Give current record name in item 6a or 6b; also		[] A[DD name: Complete item 7a o	r 7b, and also
name (if name change) in item 7a or 7b and/or new address (if address change)	in item 7c. to be deleted in item 6a or 6b.		m 7c; also complete items 7d-	
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME				
Da. OKGANIZATION S NAME				
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
CLAY	NELL	T		SUFFIX
		L.		
7. CHANGED (NEW) OR ADDED INFORMATION:				····································
7a. ORGANIZATION'S NAME				
OR TE INDIVIDUALIS LACTINANTE	FIRST NAME	MIDDLE	NI A NAC	SUFFIX
7b. INDIVIDUAL'S LAST NAME			INAIVIC.	SUFFIX
MCDADE	JAMES	Н.	T	OOU WITEN
7c. MAILING ADDRESS	A L A D A CTTD	STATE	POSTAL CODE	COUNTRY
225 SIMMSVILLE RD (PO BOX 52)	ALABASTER	AL	35007	
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if any	
DEBTOR				NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.				
Describe collateral deleted or added, or give entire restated collateral	description, or describe collateral assigned.			
			· · · · · · · · · · · · · · · · · · ·	
 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by 	<u></u> -	-	•	a Debtor which
9a. ORGANIZATION'S NAME	y a Debtor, check field and enter fiame of DED		mznig tils Amendment.	······································
ALABAMA POWER COMPANY				
Λ₽ ^L	EIDOT MAME	TAIDDI C	NIA NAC	OUTTO
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	1AWINE	SUFFIX
10. OPTIONAL FILER REFERENCE DATA				