LLOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional]			
- Section (March 1981) / 1887 / 1986 1988			
RUFFIN/205.226.1902 SEND ACKNOWLEDGMENT TO: (Name and Address)			
			
I ALABAMA POWER COMPANY 600 NORTH 18TH STREET			
BIRMINGHAM, AL 35291		20081205000457520 1/1	
		Shelby Cnty Judge of P 12/05/2008 09:58:28AM	robate,AL FILFO/CEPT
			D/CERI
		•	
INITIAL FINANCING STATEMENT FILE #		ABOVE SPACE IS FOR FILING OFFICE 1b. This FINANCING STATE	
	91750/SHELBY	to be filed [for record] (REAL ESTATE RECO	or recorded) in the RDS.
★ TERMINATION: Effectiveness of the Financing Statement			
CONTINUATION: Effectiveness of the Financing Statemetric continued for the additional period provided by applicable law	ent identified above with respect to security interest(s) o w.	of the Secured Party authorizing this Continu	ation Statement is
ASSIGNMENT (full or partial): Give name of assignee in ite	em 7a or 7b and address of assignee in item 7c; and also	give name of assignor in item 9.	
AMENDMENT (PARTY INFORMATION): This Amendmen		Check only one of these two boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate CHANGE name and/or address: Give current record name in its	te information in items 6 and/or 7.		
CHANGE name and/or address: Give current record name in in name (if name change) in item 7a or 7b and/or new address (if	tem 6a or 6b; also give new DELETE name: Given faddress change) in item 7c. To be deleted in item	re record name ADD name: Complete item 7c; also complete	item 7a or 7b, and a items 7d-7g (if appli
CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME			
1			
DO. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
DUKES	FIRST NAME KENNETH	MIDDLE NAME E.	SUFFIX
DUKES CHANGED (NEW) OR ADDED INFORMATION:			SUFFIX
DUKES CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			SUFFIX
DUKES CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			SUFFIX
DUKES CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME	KENNETH	E.	
DUKES CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS	FIRST NAME CITY	E. MIDDLE NAME STATE POSTAL CODE	SUFFIX
DUKES CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 140 MOTLEY AVE	FIRST NAME CITY MONTEVALLO	E. MIDDLE NAME STATE POSTAL CODE AL 35115	SUFFIX
DUKES CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 140 MOTLEY AVE TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGONGANIZATION	FIRST NAME CITY MONTEVALLO	E. MIDDLE NAME STATE POSTAL CODE AL 35115	SUFFIX
DUKES CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 40 MOTLEY AVE TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGORGANIZATION DEBTOR	FIRST NAME CITY MONTEVALLO SANIZATION 7f. JURISDICTION OF ORGANIZATION	E. MIDDLE NAME STATE POSTAL CODE AL 35115	SUFFIX
DUKES CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 40 MOTLEY AVE TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR ADDRESS Check only one in the control of the control one in the control of the control one in the control one in the control of the control one in the control of the control one in the control of the control	FIRST NAME CITY MONTEVALLO SANIZATION 7f. JURISDICTION OF ORGANIZATION box.	MIDDLE NAME STATE POSTAL CODE AL 35115 ON 7g. ORGANIZATIONAL ID #,	SUFFIX COUNTI
DUKES CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 40 MOTLEY AVE TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGONGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one in the control of the cont	FIRST NAME CITY MONTEVALLO SANIZATION 7f. JURISDICTION OF ORGANIZATION box.	MIDDLE NAME STATE POSTAL CODE AL 35115 ON 7g. ORGANIZATIONAL ID #,	SUFFIX COUNTI
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 40 MOTLEY AVE TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGONGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one in the control of	FIRST NAME CITY MONTEVALLO SANIZATION 7f. JURISDICTION OF ORGANIZATION box.	MIDDLE NAME STATE POSTAL CODE AL 35115 ON 7g. ORGANIZATIONAL ID #,	SUFFIX COUNTI
DUKES CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 40 MOTLEY AVE TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR ADDRESS Check only one in the control of the control one in the control of the control of the control one in the control of the contr	FIRST NAME CITY MONTEVALLO SANIZATION 7f. JURISDICTION OF ORGANIZATION box.	MIDDLE NAME STATE POSTAL CODE AL 35115 ON 7g. ORGANIZATIONAL ID #,	SUFFIX COUNT
DUKES CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 40 MOTLEY AVE TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one in the control of the control	FIRST NAME CITY MONTEVALLO SANIZATION 7f. JURISDICTION OF ORGANIZATION box.	MIDDLE NAME STATE POSTAL CODE AL 35115 ON 7g. ORGANIZATIONAL ID #,	SUFFIX COUNT if any
DUKES CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 40 MOTLEY AVE TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one in the control of the control	FIRST NAME CITY MONTEVALLO SANIZATION 7f. JURISDICTION OF ORGANIZATION box.	MIDDLE NAME STATE POSTAL CODE AL 35115 ON 7g. ORGANIZATIONAL ID #,	SUFFIX COUNT if any
DUKES CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 40 MOTLEY AVE TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR ADDRESS Check only one in the control of the control one in the control of the control of the control one in the control of the contr	FIRST NAME CITY MONTEVALLO SANIZATION 7f. JURISDICTION OF ORGANIZATION box.	MIDDLE NAME STATE POSTAL CODE AL 35115 ON 7g. ORGANIZATIONAL ID #,	SUFFIX COUNT
DUKES CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 40 MOTLEY AVE TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGONGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one in the control of the con	FIRST NAME CITY MONTEVALLO SANIZATION 7f. JURISDICTION OF ORGANIZATION box.	MIDDLE NAME STATE POSTAL CODE AL 35115 ON 7g. ORGANIZATIONAL ID #,	SUFFIX COUNTI
DUKES CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 40 MOTLEY AVE TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGONGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one in the control of the control one in the control of the control one in the control of the control one in	FIRST NAME CITY MONTEVALLO SANIZATION 7f. JURISDICTION OF ORGANIZATION box.	MIDDLE NAME STATE POSTAL CODE AL 35115 ON 7g. ORGANIZATIONAL ID #,	SUFFIX COUNT
DUKES CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 40 MOTLEY AVE TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGONGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check only one in the control of the control one in the control of the control one in the control of the control one in	FIRST NAME CITY MONTEVALLO SANIZATION 7f. JURISDICTION OF ORGANIZATION box.	MIDDLE NAME STATE POSTAL CODE AL 35115 ON 7g. ORGANIZATIONAL ID #,	SUFFIX COUNTI
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME WAILING ADDRESS 140 MOTLEY AVE TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one is escribe collateral deleted or added, or give entire deleted deleted	FIRST NAME CITY MONTEVALLO SANIZATION 7f. JURISDICTION OF ORGANIZATION box. restated collateral description, or describe collateral	MIDDLE NAME STATE POSTAL CODE AL 35115 ON 7g. ORGANIZATIONAL ID #, assigned.	if any
DUKES CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 140 MOTLEY AVE TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one lescribe collateral deleted or added, or give entire organization added orgive entire organization organization	FIRST NAME CITY MONTEVALLO SANIZATION 7f. JURISDICTION OF ORGANIZATION box. restated collateral description, or describe collateral ING THIS AMENDMENT (name of assignor, if this is a	MIDDLE NAME STATE POSTAL CODE AL 35115 ON 7g. ORGANIZATIONAL ID #, an Assignment). If this is an Amendment auth	orized by a Debtor w
DUKES CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 140 MOTLEY AVE TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one is rescribe collateral deleted or added, or give entire is rescribe collateral deleted or added, or give entire is rescribe collateral deleted or added, or give entire is rescribe collateral deleted or added, or give entire is rescribe collateral deleted or added, or give entire is rescribe collateral added, or give entire is rescribed.	FIRST NAME CITY MONTEVALLO SANIZATION 7f. JURISDICTION OF ORGANIZATION box. restated collateral description, or describe collateral ING THIS AMENDMENT (name of assignor, if this is a	MIDDLE NAME STATE POSTAL CODE AL 35115 ON 7g. ORGANIZATIONAL ID #, an Assignment). If this is an Amendment auth	orized by a Debtor w
DUKES CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 140 MOTLEY AVE TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGONIZATION	FIRST NAME CITY MONTEVALLO SANIZATION 7f. JURISDICTION OF ORGANIZATION box. restated collateral description, or describe collateral ING THIS AMENDMENT (name of assignor, if this is a	MIDDLE NAME STATE POSTAL CODE AL 35115 ON 7g. ORGANIZATIONAL ID #, an Assignment). If this is an Amendment auth	orized by a Debtor w