	G STATEMENT AME  IS (front and back) CAREFULLY		20090112000008970	1/1 \$.00
	CONTACT AT FILER [optional]		Shelby Cnty Judge 01/12/2009 11:01:3	of Probate, HL
RUFFIN/205.226			01,12,200	
. SEND ACKNOVILEDO	GMENT TO: (Name and Address)			
ALABAMA	POWER COMPANY			
	I 18TH STREET			
BIKMINGH	AM, AL 35291			
<u>l</u>				
a. INITIAL FINANCING STA			ABOVE SPACE IS FOR FILI	NG OFFICE USE ONLY CING STATEMENT AMENDMENT
	2008060300022	24230/SHELBY	to be filed [1	for record] (or recorded) in the ATE RECORDS.
TERMINATION: Ef	fectiveness of the Financing Statement ic	dentified above is terminated with respect to security in		
CONTINUATION:	Effectiveness of the Financing Statemer itional period provided by applicable law.	nt identified above with respect to security interest(s)	of the Secured Party authorizing the	his Continuation Statement is
		m 7a or 7b and address of assignee in item 7c; and als		
	Y INFORMATION): This Amendment	leand hand	. Check only <u>one</u> of these two boxe	es.
CHANGE name and/or	wing three boxes <u>and</u> provide appropriate r address: Give current record name in ite	em 6a or 6b; also give new DELETE name; .0	Sive record name	e: Complete item 7a or 7b, and als
name (if name change) CURRENT RECORD IN	) in item 7a or 7b and/or new address (if a	address change) in item 7c. to be deleted in ite	• • • • • • • • • • • • • • • • • • • •	so complete items 7d-7g (if applica
6a. ORGANIZATION'S N	·			
R 6b. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE NAME	SUFFIX
HOLT		BRIAN	E.	
CHANGED (NEW) OR A	DDED INFORMATION:			
7a. ORGANIZATION'S N	IAME			
R 7b. INDIVIDUAL'S LAST	· NIARAE	TIDOT NAME		
HOLT	147-//41T	FIRST NAME  BRANDEE	MIDDLE NAME	SUFFIX
		CITY	M. STATE POSTA	AL CODE COUNTRY
	)DIANE	ALABASTER	AL 3500	
MAILING ADDRESS 110 BRENTWOO				ONAL ID #, if any
. MAILING ADDRESS	ADD'L INFO RE   7e. TYPE OF ORGA	ANIZATION 7f. JURISDICTION OF ORGANIZAT		
. MAILING ADDRESS 110 BRENTWOO		ANIZATION 71. JURISDICTION OF ORGANIZA		
. MAILING ADDRESS 110 BRENTWOO		8 NJEZ J. 4 JEJNE - FZE IL 1935 CENTECTET (NEL ZNE ZNEJ ZNEJ A KREZ A	HUN 1/a. ORGANIZATI	ONAL ID #. if anv

10, OPTIONAL FILER REFERENCE DATA