CC FINANCING STATEMENT AME LLOW 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		20090112000009020 1/1 \$.00 Shelby Cnty Judge of Proba 01/12/2009 11:01:35AM FILE	ate, AL ED/CERT
600 NORTH 18TH STREET BIRMINGHAM, AL 35291			
INITIAL FINIANCING STATEMENT OF CH	THE A	BOVE SPACE IS FOR FILING OFFI	
INITIAL FINANCING STATEMENT FILE # 200801140000)18710/SHELBY	to be filed [for record]	-
★ TERMINATION: Effectiveness of the Financing Statement	identified above is terminated with respect to security interes	REAL ESTATE RECO	
CONTINUATION: Effectiveness of the Financing Statement	ent identified above with respect to security interest(s) of		
continued for the additional period provided by applicable lav	IW,		
ASSIGNMENT (full or partial): Give name of assignee in its			
AMENDMENT (PARTY INFORMATION): This Amendment and the following three boxes and provide appropriate the following three boxes and provide appropriate the following three boxes.	tanal tanal	heck only <u>one</u> of these two boxes.	
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	item 6a or 6b; also give new TT DELETE name: Give		te item 7a or 7b, and als
CURRENT RECORD INFORMATION:	if address change) in item 7c to be deleted in item (balor 6b. Lilitem 7c; also complet	te items 7d-7g (if applic
6a. ORGANIZATION'S NAME			
6b. INDIVIDUAL'S LAST NAME			
BARNES	FIRST NAME MICHAEL	MIDDLE NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7a. ORGANIZATION'S NAME		MIDDLE NAME	SUFFIX
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS	FIRST NAME CITY	STATE POSTAL CODE	······································
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 1915 CHANDALAR CT	FIRST NAME CITY PELHAM	STATE POSTAL CODE AL 35124	COUNTR
7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 1915 CHANDALAR CT TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGONIZATION	FIRST NAME CITY PELHAM	STATE POSTAL CODE AL 35124	COUNTR
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 1915 CHANDALAR CT TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGONIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one	FIRST NAME CITY PELHAM GANIZATION 7f. JURISDICTION OF ORGANIZATION box.	STATE POSTAL CODE AL 35124 N 7g. ORGANIZATIONAL ID 4	COUNTR #, if any
Ta. ORGANIZATION'S NAME Tb. INDIVIDUAL'S LAST NAME MAILING ADDRESS 1915 CHANDALAR CT TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one pescribe collateral deleted or added, or give entire added added, or give entire deleted or added added, or give entire added ad	FIRST NAME CITY PELHAM GANIZATION 7f. JURISDICTION OF ORGANIZATION box. restated collateral description, or describe collateral ZING THIS AMENDMENT (name of assignor, if this is as	STATE POSTAL CODE AL 35124 To a signed. STATE POSTAL CODE AL 35124 To a signed. STATE POSTAL CODE AL 35124 To a signed.	thorized by a Debtor wh
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 1915 CHANDALAR CT TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	FIRST NAME CITY PELHAM GANIZATION 7f. JURISDICTION OF ORGANIZATION box. restated collateral description, or describe collateral ZING THIS AMENDMENT (name of assignor, if this is as	STATE POSTAL CODE AL 35124 To a signed. STATE POSTAL CODE AL 35124 To a signed. STATE POSTAL CODE AL 35124 To a signed.	thorized by a Debtor wh