CC FINANCING STATEMENT AMEN			
LLOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional] RUFFIN/205.226.1902			
SEND ACKNOWLEDGMENT TO: (Name and Address)			JJ J J J J J J J J J J J J J J J J J J
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I ALABAMA POWER COMPANY		400903180001001E0 1777 C	00 
600 NORTH 18TH STREET BIRMINGHAM, AL 35291		Shelby Cnty Judge of Pro 03/18/2009 11:56:28AM FI	
277 C. T.			
INITIAL FINANCING STATEMENT FILE #	THE	ABOVE SPACE IS FOR FILING OFFICE (	
20051209000638	8980/SHELBY	1b. This FINANCING STATEM to be filed [for record] (or re	ecorded) in the
X TERMINATION: Effectiveness of the Financing Statement ide	entified above is terminated with respect to security into	REAL ESTATE RECORDS	
CONTINUATION: Effectiveness of the Financing Statement			
continued for the additional period provided by applicable law.	ridentified theore with respect to security interest(s) of	The Secured Party authorizing this Continuation	Statement is
ASSIGNMENT (full or partial): Give name of assignee in item	7a or 7b and address of assignee in item 7c; and also	give name of assignor in item 9	
AMENDMENT (PARTY INFORMATION): This Amendment a		Check only one of these two boxes.	<del></del>
Also check one of the following three boxes and provide appropriate		once only one of these two boxes.	
CHANGE name and/or address: Give current record name in iter name (if name change) in item 7a or 7b and/or new address (if address)	m 6a or 6b; also give new DELETE name: Give	e record name ADD name: Complete iter 6a or 6b. item 7c; also complete iter	n 7a or 7b, and al:
CURRENT RECORD INFORMATION:	ddress change) in item 7c to be deleted in item	6a or 6b. Item 7c; also complete iter	ns 7d-7g (if applic
6a. ORGANIZATION'S NAME			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
BAILEY	JAMES	E.	
CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			
<b>f</b>			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7b. INDIVIDUAL'S LAST NAME  BAILEY	FIRST NAME  CATHERINE	MIDDLE NAME	SUFFIX
BAILEY		MIDDLE NAME  STATE POSTAL CODE	
BAILEY MAILING ADDRESS	CATHERINE		
BAILEY MAILING ADDRESS  29 BLUE GRASS DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGAN	CATHERINE CITY ALABASTER	STATE POSTAL CODE  AL 35007	COUNTR
BAILEY IAILING ADDRESS 29 BLUE GRASS DR	CATHERINE CITY ALABASTER	STATE POSTAL CODE  AL 35007	COUNTR
BAILEY MAILING ADDRESS 29 BLUE GRASS DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGAN ORGANIZATION DEBTOR   DEBTOR	CATHERINE CITY ALABASTER NIZATION 7f. JURISDICTION OF ORGANIZATIO	STATE POSTAL CODE  AL 35007	COUNTR
BAILEY MAILING ADDRESS  29 BLUE GRASS DR  FAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGAN ORGANIZATION DEBTOR   MENDMENT (COLLATERAL CHANGE): check only one box	CATHERINE CITY ALABASTER NIZATION 7f. JURISDICTION OF ORGANIZATIO x.	STATE POSTAL CODE  AL 35007  ON 7g. ORGANIZATIONAL ID #, if ar	COUNTR
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