	C FINANCING STATEMENTAMENDMEN	<b>VT</b>				
	LOW 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					
	600 NORTH 18TH STREET		2010042800012	29300 1/1	\$.00 	
	BIRMINGHAM, AL 35203		2010042800014 Shelby Cnty ( 04/28/2010 10	luade DI	LI OMO I -	
			()4/28/2010 ···			
			THE ABOVE S	PACE IS FO	OR FILING OFFICE US	SE ONLY
.	NITIAL FINANCING STATEMENT FILE # 20060313000116840/SHE	FLRY			s FINANCING STATEMEN be filed (for record) (or rec	
				RE	AL ESTATE RECORDS.	
2	CONTINUATION: Effectiveness of the Financing Statement identified above					
_	CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law.	ove with respect to security	y interest(s) of the Secur	ed Pany auth	orizing this Continuation :	Statement is
	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	address of assignee in item	n 7c; and also give name	of assignor in	item 9.	· · · · · · · · · · · · · · · · · · ·
<u> </u>		ebtor or Secured Par	·			
	Iso check one of the following three boxes and provide appropriate information in	hand	ty of record. Oneck offing	QUE OF THESE	two boxes.	
	CHANGE name and/or address: Give current record name in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change)	so give new DELET	TE name: Give record na deleted in item 6a or 6b.	_	DD name: Complete item m 7c; also complete items	7a or 7b, and al
(	CURRENT RECORD INFORMATION:	e) ar item ye.	Jeieted in Rent Oa Of OD.	116	att 70, also complete items	s ru-ry (n applic
	6a. ORGANIZATION'S NAME	·····			<del></del>	· · · · · · · · · · · · · · · · · · ·
				······································		·····
	1 <del> </del>			I MIDDIE	NAME	SUFFIX
	6b. INDIVIDUAL'S LAST NAME	FIRST NAME		I		
	CONDE	ROBERTO		J.		
•	CONDE CHANGED (NEW) OR ADDED INFORMATION:			1		
•	CONDE			1		
-	CONDE CHANGED (NEW) OR ADDED INFORMATION:			1	NAME	SUFFIX
2	CONDE CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	ROBERTO		J.	NAME	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	CONDE CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  CONDE MAILING ADDRESS	FIRST NAME AURETTELIZ CITY		J.  MIDDLE S.  STATE	POSTAL CODE	SUFFIX
5	CONDE CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME CONDE MAILING ADDRESS 339 BENTMOOR DR	FIRST NAME AURETTELIZ CITY HELENA		J.  MIDDLE S.  STATE AL	POSTAL CODE 35080	SUFFIX
5	CONDE CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  CONDE MAILING ADDRESS	FIRST NAME AURETTELIZ CITY		J.  MIDDLE S.  STATE AL	POSTAL CODE	SUFFIX
	CONDE CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  CONDE MAILING ADDRESS  39 BENTMOOR DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION	FIRST NAME AURETTELIZ CITY HELENA		J.  MIDDLE S.  STATE AL	POSTAL CODE 35080	SUFFIX
	CONDE CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  CONDE MAILING ADDRESS  39 BENTMOOR DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e, TYPE OF ORGANIZATION ORGANIZATION DEBTOR   ADDRESS   AMENDMENT (COLLATERAL CHANGE): check only one box.	FIRST NAME AURETTELIZ CITY HELENA 71. JURISDICTION OF	ORGANIZATION	MIDDLE S. STATE AL 79. ORG	POSTAL CODE 35080	SUFFIX
	CONDE CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  CONDE MAILING ADDRESS  39 BENTMOOR DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   ORGANIZATION   DEBTOR	FIRST NAME AURETTELIZ CITY HELENA 71. JURISDICTION OF	ORGANIZATION	MIDDLE S. STATE AL 79. ORG	POSTAL CODE 35080	SUFFIX
	CONDE CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  CONDE MAILING ADDRESS  39 BENTMOOR DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e, TYPE OF ORGANIZATION ORGANIZATION DEBTOR   ADDRESS   AMENDMENT (COLLATERAL CHANGE): check only one box.	FIRST NAME AURETTELIZ CITY HELENA 71. JURISDICTION OF	ORGANIZATION	MIDDLE S. STATE AL 79. ORG	POSTAL CODE 35080	SUFFIX
	CONDE CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  CONDE MAILING ADDRESS  39 BENTMOOR DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e, TYPE OF ORGANIZATION ORGANIZATION DEBTOR   ADDRESS   AMENDMENT (COLLATERAL CHANGE): check only one box.	FIRST NAME AURETTELIZ CITY HELENA 71. JURISDICTION OF	ORGANIZATION	MIDDLE S. STATE AL 79. ORG	POSTAL CODE 35080	SUFFIX
	CONDE CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  CONDE MAILING ADDRESS  39 BENTMOOR DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e, TYPE OF ORGANIZATION ORGANIZATION DEBTOR   ADDRESS   AMENDMENT (COLLATERAL CHANGE): check only one box.	FIRST NAME AURETTELIZ CITY HELENA 71. JURISDICTION OF	ORGANIZATION	MIDDLE S. STATE AL 79. ORG	POSTAL CODE 35080	SUFFIX
	CONDE CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  CONDE MAILING ADDRESS  39 BENTMOOR DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e, TYPE OF ORGANIZATION ORGANIZATION DEBTOR   ADDRESS   AMENDMENT (COLLATERAL CHANGE): check only one box.	FIRST NAME AURETTELIZ CITY HELENA 71. JURISDICTION OF	ORGANIZATION	MIDDLE S. STATE AL 79. ORG	POSTAL CODE 35080	SUFFIX
	CONDE CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  CONDE MAILING ADDRESS  39 BENTMOOR DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e, TYPE OF ORGANIZATION ORGANIZATION DEBTOR   ADDRESS   AMENDMENT (COLLATERAL CHANGE): check only one box.	FIRST NAME AURETTELIZ CITY HELENA 71. JURISDICTION OF	ORGANIZATION	MIDDLE S. STATE AL 79. ORG	POSTAL CODE 35080	SUFFIX
	CONDE CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  CONDE MAILING ADDRESS  39 BENTMOOR DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e, TYPE OF ORGANIZATION ORGANIZATION DEBTOR   ADDRESS   AMENDMENT (COLLATERAL CHANGE): check only one box.	FIRST NAME AURETTELIZ CITY HELENA 71. JURISDICTION OF	ORGANIZATION	MIDDLE S. STATE AL 79. ORG	POSTAL CODE 35080	SUFFIX
	CONDE CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  CONDE MAILING ADDRESS  39 BENTMOOR DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e, TYPE OF ORGANIZATION ORGANIZATION DEBTOR   ADDRESS   AMENDMENT (COLLATERAL CHANGE): check only one box.	FIRST NAME AURETTELIZ CITY HELENA 71. JURISDICTION OF	ORGANIZATION	MIDDLE S. STATE AL 79. ORG	POSTAL CODE 35080	SUFFIX
	CONDE CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  CONDE MAILING ADDRESS  39 BENTMOOR DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e, TYPE OF ORGANIZATION ORGANIZATION DEBTOR   ADDRESS   AMENDMENT (COLLATERAL CHANGE): check only one box.	FIRST NAME AURETTELIZ CITY HELENA 71. JURISDICTION OF	ORGANIZATION	MIDDLE S. STATE AL 79. ORG	POSTAL CODE 35080	SUFFIX
	CONDE CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  CONDE MAILING ADDRESS  39 BENTMOOR DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e, TYPE OF ORGANIZATION ORGANIZATION DEBTOR   ADDRESS   AMENDMENT (COLLATERAL CHANGE): check only one box.	FIRST NAME AURETTELIZ CITY HELENA 71. JURISDICTION OF	ORGANIZATION	MIDDLE S. STATE AL 79. ORG	POSTAL CODE 35080	SUFFIX
	CONDE CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  CONDE MAILING ADDRESS 639 BENTMOOR DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   ORGANIZATION   DEBTOR      AMENDMENT (COLLATERAL CHANGE): check only one box.  Pescribe collateral   deleted or   added, or give entire   restated collate.	FIRST NAME AURETTELIZ CITY HELENA 7f. JURISDICTION OF General description, or describe	ORGANIZATION e collateral assigne	MIDDLE S. STATE AL 7g. ORG	POSTAL CODE 35080  SANIZATIONAL ID #, if any	COUNTR
	CONDE CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  CONDE MAILING ADDRESS 639 BENTMOOR DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   ORGANIZATION   DEBTOR   AMENDMENT (COLLATERAL CHANGE): check only one box.  Pescribe collateral   deleted or   added, or give entire   restated collateral   added, or give entire   restated collat	FIRST NAME AURETTELIZ CITY HELENA 7f. JURISDICTION OF General description, or describe	ORGANIZATION e collateral assigned	MIDDLE S. STATE AL 7g. ORG	POSTAL CODE 35080  SANIZATIONAL ID #, if any an Amendment authorize	COUNTE
	CONDE CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  CONDE MAILING ADDRESS 639 BENTMOOR DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   DEBTOR    MENDMENT (COLLATERAL CHANGE): check only one box.  Pescribe collateral   deleted or   added, or give entire   restated collate  AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM ddds collateral or adds the authorizing Debtor, or if this is a Termination authorized.	FIRST NAME AURETTELIZ CITY HELENA 7f. JURISDICTION OF General description, or describe	ORGANIZATION e collateral assigned	MIDDLE S. STATE AL 7g. ORG	POSTAL CODE 35080  SANIZATIONAL ID #, if any an Amendment authorize	COUNTE
N as a second se	CONDE CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  CONDE MAILING ADDRESS  39 BENTMOOR DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   ORGANIZATION   ORGANIZATION   DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one box.  Pescribe collateral   deleted or   added, or give entire   restated collateral   restated collateral   added, or give entire   restated collateral   organization   organizatio	FIRST NAME AURETTELIZ CITY HELENA 7f. JURISDICTION OF General description, or describe	ORGANIZATION e collateral assigned	MIDDLE S. STATE AL 7g. ORG	POSTAL CODE 35080  SANIZATIONAL ID #, if any an Amendment authorize	COUNTR
N a N a	CONDE CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  CONDE MAILING ADDRESS 639 BENTMOOR DR  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   DEBTOR    MENDMENT (COLLATERAL CHANGE): check only one box.  Pescribe collateral   deleted or   added, or give entire   restated collate  AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM ddds collateral or adds the authorizing Debtor, or if this is a Termination authorized.	FIRST NAME AURETTELIZ CITY HELENA 7f. JURISDICTION OF General description, or describe	ORGANIZATION e collateral assigned	MIDDLE S. STATE AL 7g. ORG	POSTAL CODE 35080  SANIZATIONAL ID #, if any orizing this Amendment.	COUNTR