	CC FINANCING STATEMENT AMENDME	NT			
	LOW INSTRUCTIONS (front and back) CAREFULLY				
	NAME & PHONE OF CONTACT AT FILER [optional]				
	RUFFIN/205.226.1902 SEND ACKNOWLEDGMENT TO: (Name and Address)	· · · · · · · · · · · · · · · · · · ·			
<b>J</b> .	CEND ACKNOVLEDGIMENT TO: (Name and Address)			<b>-</b> 11 11 11 11 11 11 11 11 11 11 11 11 11	
	ALABAMA POWER COMPANY				
	600 NORTH 18TH STREET		01006100000184110	1/1 \$.00	
	BIRMINGHAM, AL 35203		- AL AMAN BUNDE D	] [[ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [	
		Ø	1elby Chty 30030 5	, HII 1 2444	
	NUTIAL CINIANOINO CTATEMENT OU E 4	TH	E ABOVE SPACE IS F		
•	NITIAL FINANCING STATEMENT FILE # 20100428000129140/SHI	ELBY		is FINANCING STATEME be filed [for record] (or re	
I			RE	EAL ESTATE RECORDS.	
I	C TERMINATION: Effectiveness of the Financing Statement identified above CONTINUATION: Effectiveness of the Financing Statement identified above				
Ļ	continued for the additional period provided by applicable law.	ove with respect to security interest(s	o) of the Secured Party autr	norizing 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 a	also give name of assignor in	n item 9.	
,			d. Check only one of these		
	ايسيا Iso check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in	lunui	an original party galle or those	THO DONGS,	
	CHANGE name and/or address: Give current record name in item 6a or 6b; all name (if name change) in item 7a or 7b and/or new address (if address change)	so give new e) in item 7c.  DELETE name: to be deleted in it		DD name: Complete item em 7c; also complete item	7a or 7b, and at
	CURRENT RECORD INFORMATION:		Total Or OD.	an re, also complete iten	is 70-79 (ii applic
	6a. ORGANIZATION'S NAME		······································		<del></del>
?	Ch. INDUVIOUANO ACTAVANC				
₹	6b. INDIVIDUAL'S LAST NAME NEAL	FIRST NAME	MIDDLE	NAME	SUFFIX
₹	NEAL	FIRST NAME  JEFFREY	MIDDLE K.	NAME	SUFFIX
	NEAL HANGED (NEW) OR ADDED INFORMATION:			NAME	SUFFIX
	NEAL			NAME	SUFFIX
(	NEAL HANGED (NEW) OR ADDED INFORMATION:		K.		
(	NEAL CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	JEFFREY			SUFFIX
•	NEAL CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	JEFFREY	K.		SUFFIX
(	NEAL CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME	JEFFREY  FIRST NAME	K. MIDDLE	NAME	SUFFIX
() 2	NEAL CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  03 10TH ST SW  MAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION	JEFFREY  FIRST NAME  CITY	MIDDLE STATE AL	NAME POSTAL CODE	SUFFIX
(4	NEAL CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  03 10TH ST SW	JEFFREY  FIRST NAME  CITY  ALABASTER	MIDDLE STATE AL	NAME  POSTAL CODE  35007	SUFFIX
	NEAL CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  IAILING ADDRESS 03 10TH ST SW  [AX ID #: SSN OR EIN   ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR   ADD'L ORGANIZATION DEBTOR   ADD'L ORGANIZATION DEBTOR   Check only one box.	FIRST NAME  CITY  ALABASTER  7f. JURISDICTION OF ORGANIZA	MIDDLE  STATE AL  ATION  7g. ORG	NAME  POSTAL CODE  35007	SUFFIX
	NEAL CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  IAILING ADDRESS 03 10TH ST SW  [AX ID #: SSN OR EIN   ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR   ADD'L ORGANIZATION DEBTOR   ADD'L ORGANIZATION DEBTOR   Check only one box.	FIRST NAME  CITY  ALABASTER  7f. JURISDICTION OF ORGANIZA	MIDDLE  STATE AL  ATION  7g. ORG	NAME  POSTAL CODE  35007	SUFFIX
	NEAL CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  03 10TH ST SW  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR   DEBTOR	FIRST NAME  CITY  ALABASTER  7f. JURISDICTION OF ORGANIZA	MIDDLE  STATE AL  ATION  7g. ORG	NAME  POSTAL CODE  35007	SUFFIX
	NEAL CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  IAILING ADDRESS 03 10TH ST SW  [AX ID #: SSN OR EIN   ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR   ADD'L ORGANIZATION DEBTOR   ADD'L ORGANIZATION DEBTOR   Check only one box.	FIRST NAME  CITY  ALABASTER  7f. JURISDICTION OF ORGANIZA	MIDDLE  STATE AL  ATION  7g. ORG	NAME  POSTAL CODE  35007	SUFFIX
	NEAL CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  IAILING ADDRESS 03 10TH ST SW  [AX ID #: SSN OR EIN   ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR   ADD'L ORGANIZATION DEBTOR   ADD'L ORGANIZATION DEBTOR   Check only one box.	FIRST NAME  CITY  ALABASTER  7f. JURISDICTION OF ORGANIZA	MIDDLE  STATE AL  ATION  7g. ORG	NAME  POSTAL CODE  35007	SUFFIX
	NEAL CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  IAILING ADDRESS 03 10TH ST SW  [AX ID #: SSN OR EIN   ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR   ADD'L ORGANIZATION DEBTOR   ADD'L ORGANIZATION DEBTOR   Check only one box.	FIRST NAME  CITY  ALABASTER  7f. JURISDICTION OF ORGANIZA	MIDDLE  STATE AL  ATION  7g. ORG	NAME  POSTAL CODE  35007	SUFFIX
	NEAL CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  IAILING ADDRESS 03 10TH ST SW  [AX ID #: SSN OR EIN   ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR   ADD'L ORGANIZATION DEBTOR   ADD'L ORGANIZATION DEBTOR   Check only one box.	FIRST NAME  CITY  ALABASTER  7f. JURISDICTION OF ORGANIZA	MIDDLE  STATE AL  ATION  7g. ORG	NAME  POSTAL CODE  35007	SUFFIX
	NEAL CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  IAILING ADDRESS 03 10TH ST SW  [AX ID #: SSN OR EIN   ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR   ADD'L ORGANIZATION DEBTOR   ADD'L ORGANIZATION DEBTOR   Check only one box.	FIRST NAME  CITY  ALABASTER  7f. JURISDICTION OF ORGANIZA	MIDDLE  STATE AL  ATION  7g. ORG	NAME  POSTAL CODE  35007	SUFFIX
(4	NEAL CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  IAILING ADDRESS 03 10TH ST SW  [AX ID #: SSN OR EIN   ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR   ADD'L ORGANIZATION DEBTOR   ADD'L ORGANIZATION DEBTOR   Check only one box.	FIRST NAME  CITY  ALABASTER  7f. JURISDICTION OF ORGANIZA	MIDDLE  STATE AL  ATION  7g. ORG	NAME  POSTAL CODE  35007	SUFFIX
	NEAL CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  IAILING ADDRESS 03 10TH ST SW  [AX ID #: SSN OR EIN   ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR   ADD'L ORGANIZATION DEBTOR   ADD'L ORGANIZATION DEBTOR   Check only one box.	FIRST NAME  CITY  ALABASTER  7f. JURISDICTION OF ORGANIZA	MIDDLE  STATE AL  ATION  7g. ORG	NAME  POSTAL CODE  35007	SUFFIX
	NEAL CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  IAILING ADDRESS 03 10TH ST SW  [AX ID #: SSN OR EIN   ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR   ADD'L ORGANIZATION DEBTOR   ADD'L ORGANIZATION DEBTOR   Check only one box.	FIRST NAME  CITY  ALABASTER  7f. JURISDICTION OF ORGANIZA	MIDDLE  STATE AL  ATION  7g. ORG	NAME  POSTAL CODE  35007	SUFFIX
	CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  03 10TH ST SW  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR    MENDMENT (COLLATERAL CHANGE): check only one box.  Paccribe collateral   deleted or   added, or give entire   restated collater	FIRST NAME  CITY ALABASTER  7f. JURISDICTION OF ORGANIZA  ral description, or describe collateral	MIDDLE STATE AL ATION 7g. ORG	POSTAL CODE 35007  ANIZATIONAL ID #, if an	COUNTR
	CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  03 10TH ST SW  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR    MENDMENT (COLLATERAL CHANGE): check only one box.  Pascribe collateral   deleted or   added, or give entire   restated collateral    AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AME	FIRST NAME  CITY ALABASTER  7f. JURISDICTION OF ORGANIZA  ral description, or describe collateral	MIDDLE STATE AL ATION 7g. ORG  assigned.	POSTAL CODE 35007  ANIZATIONAL ID #, if an	COUNTR
	CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  03 10TH ST SW  FAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR  MENDMENT (COLLATERAL CHANGE): check only one box.  Pescribe collateral deleted or added, or give entire restated collateral deleted or stated collateral restated collateral deleted or formation and the collateral deleted or stated collateral restated collateral deleted or formation and the collateral deleted or formation authorized descollateral or adds the authorizing Debtor, or if this is a Termination authorized	FIRST NAME  CITY ALABASTER  7f. JURISDICTION OF ORGANIZA  ral description, or describe collateral	MIDDLE STATE AL ATION 7g. ORG  assigned.	POSTAL CODE 35007  ANIZATIONAL ID #, if an	COUNTR
	CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  03 10TH ST SW  FAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR  MENDMENT (COLLATERAL CHANGE): check only one box.  Pescribe collateral deleted or added, or give entire restated collateral deleted or collateral restated collateral collateral deleted or collateral restated collateral collateral collateral restated collateral colla	FIRST NAME  CITY ALABASTER  7f. JURISDICTION OF ORGANIZA  ral description, or describe collateral	MIDDLE STATE AL ATION 7g. ORG  assigned.	POSTAL CODE 35007  ANIZATIONAL ID #, if an	COUNTR
	CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  03 10TH ST SW  FAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR  MENDMENT (COLLATERAL CHANGE): check only one box.  Pescribe collateral deleted or added, or give entire restated collateral deleted or stated collateral restated collateral deleted or formation and the collateral deleted or stated collateral restated collateral deleted or formation and the collateral deleted or formation authorized descollateral or adds the authorizing Debtor, or if this is a Termination authorized	FIRST NAME  CITY ALABASTER  7f. JURISDICTION OF ORGANIZA  ral description, or describe collateral	MIDDLE STATE AL ATION 7g. ORG  assigned.	POSTAL CODE 35007 ANIZATIONAL ID #, if an an amendment authorized rizing this Amendment.	COUNTR