UCC FINANCING STATEMENT AMEND	MENT			
FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]				
J. RUFFIN/205.226.1902				
B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
ALABAMA POWER COMPANY				
600 NORTH 18TH STREET BIRMINGHAM, AL 35203				
1a. INITIAL FINANCING STATEMENT FILE #	THE ABOV		S FINANCING STATEMEN	
2008091500036438	80/SHELBY	, , ,	pe filed [for record] (or red AL ESTATE RECORDS.	orded) in the
2. X TERMINATION: Effectiveness of the Financing Statement identifi		······································		
 CONTINUATION: Effectiveness of the Financing Statement ide continued for the additional period provided by applicable law. 	entified above with respect to security interest(s) of the S	secured Party auth	orizing this Continuation	Statement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a	or 7b and address of assignee in item 7c; and also give n	ame of assignor in	item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects	Install Install	only <u>one</u> of these	two boxes.	
Also check one of the following three boxes and provide appropriate info CHANGE name and/or address: Give current record name in item 6s name (if name change) in item 7a or 7b and/or new address (if address)			DD name: Complete item	7a or 7b, and also
name (if name change) in item 7a or 7b and/or new address (if address). 6. CURRENT RECORD INFORMATION:	ess change) in item 7c to be deleted in item 6a or	6b. ite	m 7c; also complete items	s 7d-7g (if applicable
6a. ORGANIZATION'S NAME				······································
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
LYONS	EDWARD	J.		
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7. CHANGED (NEW) OR ADDED INFORMATION:				
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME		······································	······································	
	FIRST NAME	MIDDLE	NAME	SUFFIX
7a. ORGANIZATION'S NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	SUFFIX
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 813 MORNING SUN DR	CITY BIRMINGHAM	STATE	POSTAL CODE 35242	COUNTRY
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME 7c. MAILING ADDRESS 813 MORNING SUN DR 7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZ ORGANIZATION	CITY BIRMINGHAM	STATE	POSTAL CODE	COUNTRY
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