	CC FINANCING STATEMENT AMENDN LLOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional]			
	RUFFIN/205.226.1902		111111111111111111111111111111111111111	1/1 \$.00
<b>5</b> .	ALABAMA POWER COMPANY 600 NORTH 18TH STREET BIRMINGHAM, AL 35203		20110124000024040 of Probate, AL Shelby Cnty Judge of Probate, AL 01/24/2011 03:12:29 PM FILED/CERT	
		THE AB	OVE SPACE IS FOR FILING	OFFICE USE ONLY
a.	INITIAL FINANCING STATEMENT FILE # 20090610000221010/		1b. This FINANCIN	G STATEMENT AMENDMENT ecord) (or recorded) in the
	★ TERMINATION: Effectiveness of the Financing Statement identified a		II I REAL ESTATE	RECORDS
	CONTINUATION: Effectiveness of the Financing Statement identification continued for the additional period provided by applicable law.	ied above 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 7			
	AMENDMENT (PARTY INFORMATION): This Amendment affects		e name of assignor in item 9.  ck only <u>one</u> of these two boxes.	······································
	Also check one of the following three boxes and provide appropriate informat	tion in items 6 and/or 7.	ck only <u>one</u> of these two boxes.	
	CHANGE name and/or address: Give current record name in item 6a or name (if name change) in item 7a or 7b and/or new address (if address or	6b; also give new DELETE name: Give rechange) in item 7c. to be deleted in item 6a	cord name ADD name: Co	omplete item 7a or 7b, and also omplete items 7d-7g (if applica
	CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME			The state of the s
R	DO. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	HOGAN	LISA	A.	
	CHANGED (NEW) OR ADDED INFORMATION:			
	7a. ORGANIZATION'S NAME			
₹	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
				SUFFIX
	MAILING ADDRESS	CITY	STATE POSTAL C	ODE COUNTRY
	5/1/3 13 & 13 // \\ 1	HELENA	AL 35080	
5	522 BARONE STREET		1	
5	TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION		7g. ORGANIZATIONA	L ID #, if any
	TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR		7g. ORGANIZATIONA	L ID #, if any
	TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	7f. JURISDICTION OF ORGANIZATION		
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	TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR   AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral   deleted or   added, or give entire   restated or   restated or   added   added	ollateral description, or describe collateral as	ssigned.	
	AME OF SECURED PARTY OF RECORD AUTHORIZING THIS	ollateral description, or describe collateral as	ssigned.	
	TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   ORGANIZATION   DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one box.   restated or   added, or give entire   restated or   restated or   restated or   added   restated or   added   restated or   restated or   added   restated or   added   restated or   restated or	ollateral description, or describe collateral as	ssigned.	
	AME OF SECURED PARTY OF RECORD AUTHORIZING THIS	ollateral description, or describe collateral as	ssigned.	No.