CC FINANCING STATEMENT AMENDME DLLOW 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 BIRMINGHAM, AL 35203  INITIAL FINANCING STATEMENT FILE #  20081103000424980/SF	20 Sh	110223000062700 1/1 \$.00 110223000062700 1/1 \$.00 nelby Cnty Judge of Proba 12/23/2011 02:55:04 PM FIL	
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	HELBY	to be filed [for record]  REAL ESTATE RECO	
TERMINATION: Effectiveness of the Financing Statement identified above	ve is terminated with respect to security interest(s		
CONTINUATION: Effectiveness of the Financing Statement identified a continued for the additional period provided by applicable law.			
			······································
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b a  AMENDMENT (PARTY INFORMATION): This Amendment affects			
Also check one of the following three boxes and provide appropriate information		k only <u>one</u> of these two boxes.	
CHANGE name and/or address: Give current record name in item 6a or 6b; name (if name change) in item 7a or 7b and/or new address (if address char	also give new DELETE name: Give reconge) in item 7c. Late to be deleted in item 6a o		e item 7a or 7b, and also e items 7d-7g (if applicab
CURRENT RECORD INFORMATION:	ige / in item re. E. I to be deleted in item oa o	i obi item 70, also complete	s items /u-/g (ii applicat
6a. ORGANIZATION'S NAME		· · · · · · · · · · · · · · · · · · ·	
6b. INDIVIDUAL'S LAST NAME	TEIDOT NIANEE	NATION E NIABAE	Louiser
GREGORY	FIRST NAME  MATTHEW	MIDDLE NAME S.	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			······································
3			
75. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
GREGORY  MAILING ADDRESS	CITY	L.	COUNTRY
117 KENTWOOD DR	ALABASTER	AL 35007	COUNTRY
. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #	f, if any
ORGANIZATION DEBTOR			Π <sub>NO</sub>
AMENDMENT (COLLATERAL CHANGE): check only one box.			
Describe collateral deleted or added, or give entire restated colla	ateral description, or describe collateral	signed.	