MANNING  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  MIDDLE NAME  SUFFIX  MIDDLE NAME  SUFFIX  TALL POSTAL CODE  COUNTING  1022 ASHLEY BROOK LN  TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION OF ORGANIZATION DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box.					
NAME & PHONE OF CONTACT AT FILER (potional)  RUFFIN/205.226.1902  SEND ACKNOWLEDGMENT TO: (Name and Address)  ALABAMA POWER COMPANY 600 NORTH 18TH STREET BIRMINGHAM, AL 35203  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  NITIAL FINANCING STATEMENT FILE 9  2006061200276510/SHELBY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  INTIAL FINANCING STATEMENT FILE 9  20060612000276510/SHELBY  TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement is continued for the additional particle for a propriate information in terms of another than the charge of the following three boxes gaig provide appropriate information in terms of another another among of the following three boxes gaig provide appropriate information in terms of another among of the following three boxes gaig provide appropriate information in terms of another 17. Effective for another interests of the following three boxes gaig provide appropriate information in terms of another 17. Effective for the control of the following three boxes gaig provide appropriate information in terms of another among of the following three boxes gaig provide appropriate information in terms of another among of many damage in the following three boxes gaig provide appropriate information in terms of another among in term 7 or 75 another new address (if address changes in them 75 or 75 another new address (if address changes in them 75 or 75 another new address (if address changes in them 75 or 75 another new address (if address changes in them 75 or 75 another new address (if address changes in them 75 or 75 another new address (if address changes in them 75 or 75 another new address (if address changes in them 75 or 75 another new address (if address changes in the 75 or 75 another new address (if address changes in the 75 or 75 another new address (if address changes in the 75 or 75 another new address (if address changes in the 75 or 75 another		·	DIMENI		
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AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment outhorized by a Dabbas w		MANNING  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  TAILING ADDRESS  022 ASHLEY BROOK LN  TAX ID #: SSN OR EIN   ADD'L INFO RE   ORGANIZATION   DEBTOR    MENDMENT (COLLATERAL CHANGE): check only one box escribe collateral   deleted or   added, or give entire   res	FIRST NAME  CITY HELENA  IIZATION 7f. JURISDICTION OF ORGAN  t. tated collateral description, or describe collate	MIDDLE NAME  STATE POSTAL CODE AL 35080  7g. ORGANIZATIONAL ID #, if	SUFFIX
IAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor well-builded to be a Debtor well-builded by a Debtor well-builded by a Debtor, check here □ and enter name of DEBTOR authorizing this Amendment.		MANNING  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  MAILING ADDRESS  022 ASHLEY BROOK LN  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGAN ORGANIZATION DEBTOR    MENDMENT (COLLATERAL CHANGE): check only one box escribe collateral   deleted or   added, or give entire   res  AME OF SECURED PARTY OF RECORD AUTHORIZING	FIRST NAME  CITY HELENA  IIZATION  7f. JURISDICTION OF ORGAN  tated collateral description, or describe collate  G THIS AMENDMENT (name of assignor, if	MIDDLE NAME  STATE POSTAL CODE AL 35080  IZATION 7g. ORGANIZATIONAL ID #, if assigned.	SUFFIX COUNTR any
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dds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.		MANNING  CHANGED (NEW) OR ADDED INFORMATION:  Ta. ORGANIZATION'S NAME  TAILING ADDRESS  O22 ASHLEY BROOK LN  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGAN ORGANIZATION DEBTOR    MENDMENT (COLLATERAL CHANGE): check only one box escribe collateral   deleted or   added, or give entire   res  AME OF SECURED PARTY OF RECORD AUTHORIZING Ids collateral or adds the authorizing Debtor, or if this is a Terminatic grant or adds the authorizing Debtor or if this is a Terminatic grant or adds the authorizin	FIRST NAME  CITY HELENA  IZATION 7f. JURISDICTION OF ORGAN  tated collateral description, or describe collate  This amendment (name of assignor, if on authorized by a Debtor, check here and	MIDDLE NAME  STATE POSTAL CODE AL 35080  IZATION 7g. ORGANIZATIONAL ID #, if  assigned.  this is an Assignment). If this is an Amendment authorenter name of DEBTOR authorizing this Amendment.	SUFFIX  COUNTRY  any