OL A. N J. I	C FINANCING STATEMENT AMENDMEN LOW INSTRUCTIONS (front and back) CAREFULLY IAME & PHONE OF CONTACT AT FILER [optional] RUFFIN/205.226.1902 SEND ACKNOWLEDGMENT TO: (Name and Address)		Shelby Cnt	0211110 1/1 \$29. Y Judge of Proba 02:53:08 PM FIL	ita. Ol
	ALABAMA POWER COMPANY 600 NORTH 18TH STREET BIRMINGHAM, AL 35203				
ia. I	NITIAL FINANCING STATEMENT FILE #	THE ABO		R FILING OFFICE US	
	20060721000352970/SHE	ELBY	to b	e filed [for record] (or record).	
2.	TERMINATION: Effectiveness of the Financing Statement identified above		s) of the Secured Par	ty authorizing this Termina	
5. [2	CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law.	ove with respect to security interest(s) of the	Secured Party author	orizing this Continuation S	Statement is
1.	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	address of assignee in item 7c; and also give	name of assignor in	item 9.	
		ebtor or Secured Party of record. Chec	k only <u>one</u> of these t	wo boxes.	
	Iso check one of the following three boxes and provide appropriate information in CHANGE name and/or address: Give current record name in item 6a or 6b; also	so give new DELETE name: Give rec		D name: Complete item 7	7a or 7b, and also
	name (if name change) in item 7a or 7b and/or new address (if address change URRENT RECORD INFORMATION:	e) in item 7c to be deleted in item 6a o	or 6b. iter	m 7c; also complete items	7d-7g (if applicable
	6a. ORGANIZATION'S NAME		······································		
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スペ	SH INDIVIDUAL'S LAST NAME	TEIDOTALANE	Lucaie		
パ	66. INDIVIDUAL'S LAST NAME GARDNER	FIRST NAME ROBERT	MIDDLE		SUFFIX
		FIRST NAME ROBERT	MIDDLE		SUFFIX
	GARDNER	†			SUFFIX
·. (CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	ROBERT	EDW	ARD	
'. (GARDNER CHANGED (NEW) OR ADDED INFORMATION:	†		NAME	SUFFIX
). (CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME	ROBERT FIRST NAME	EDW.	NAME	
c. 1	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME GARDNER MAILING ADDRESS 09 MOUNTAIN PARKWAY	FIRST NAME ROBIN CITY MAYLENE	EDW.	NAME	SUFFIX
c. 1	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME GARDNER MAILING ADDRESS 09 MOUNTAIN PARKWAY TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	FIRST NAME ROBIN CITY	MIDDLE LENA STATE AL	NAME POSTAL CODE	SUFFIX
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