R. NAME & PROPE OF CONTACT AT FILER popularies De Ann Charrett 205-226-14(2) S. END ACKNOWLED GENERAL ("Name and Address) Alabama Power Company 600 18th Street North Birmingham, AL 35203 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 20 112/89/2011 83-32: 33 PPI FILED/CERT THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 21 INTIMAL FIRMACING STATEMENT PRE-8 20100922000311900 22 INTIMAL FIRMACING STATEMENT PRE-8 20100922000311900 23 INTIMAL FIRMACING STATEMENT AMENOMENT IN THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 24 INTIMAL FIRMACING STATEMENT AMENOMENT IN THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 25 INTIMAL FIRMACING STATEMENT AMENOMENT IN THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 26 INTIMAL FIRMACING STATEMENT AMENOMENT IN THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 27 INTIMAL FIRMACING STATEMENT AMENOMENT IN THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 28 INTIMAL FIRMACING STATEMENT AMENOMENT IN THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 29 INTIMAL FIRMACING STATEMENT AMENOMENT IN THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 20 INTIMAL FIRMACING STATEMENT AMENOMENT OF THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 20 INTIMAL FIRMACING STATEMENT AMENOMENT OF THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 20 INTIMAL FIRMACING STATEMENT AMENOMENT OF THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 20 INTIMAL FIRMACING STATEMENT AMENOMENT OF THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 21 INTIMAL FIRMACING STATEMENT AMENOMENT OF THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 22 INTIMAL FIRMACING STATEMENT OF THE OFFICE USE ONLY 23 INTIMAL FIRMACING STATEMENT OF THE OFFI OFFI OFFI OFFI OFFI OFFI OFFI OFF		C FINANCING STATEMENT AMENI	DMENT		
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a. INITIAL FINANCING STATEMENT FILLE# 20100922000311900 Terminatrion: Effectiveness of the Financing Statement identified above as terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement is combined for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in term 7s or 7b and address of assignee in feen 7c; and also give name of assignor in item 9. AMENDMENT (FARTY INFORMATION): This Amendment infects above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is combined for the additional period provided by applicable law. ASSIGNMENT (full or partial): Give name of assignee in term 7s or 7b and address of assignee in feen 7c; and also give name of assignor in item 9. AMENDMENT (FARTY INFORMATION): This Amendment infects all partial provided by a Secured Party authorizing this Continuation Statement is conflow? Associated, good fine following three bosings and provided applying infections and secure and provided applying the Continuation Statement is conflowed. Associated good fine following three bosings and provided applying infections and secure and provided applying the Continuation Statement is conflowed. Associated good fine following three bosings and provided applying infections and provided applying the Continuation Statement is conflowed. Associated and the following three bosings and provided applying infections and provided applying the Continuation Statement is continued from the following three bosings and provided applying the Continuation Statement is continued from the following three bosiness. AMENDMENT (CONTINUATION STATE RECORDANTION) The Information of the Continuation Statement authorized by a Debtor which adds collateral of desired or in defend or in didded, or give entire instance obligators and entire name of DEBTOR authorizing this Amendment. AMENDMENT (COLLATERAL CHANGE): Information authorized by a Debtor cheeckhard and entire		600 18th Street North		Shelby Cnty Judg	ge of Probate, AL
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UCC FINANCING STATEMENT AMENDMENT ADDENDUM!

FOL	LOW INSTRUCTIONS (front and ba	ck) CAREFULLY			
11.	INITIAL FINANCING STATEMENT F 20100922000311900		ndment form)		
12.	NAME OF PARTY AUTHORIZING 12a. ORGANIZATION'S NAME	THIS AMENDMENT (same as	item 9 on Amendment form)		
OR	Alabama Power Company				
ŲΚ	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME,SUFFIX		

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13. Use this space for additional information

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