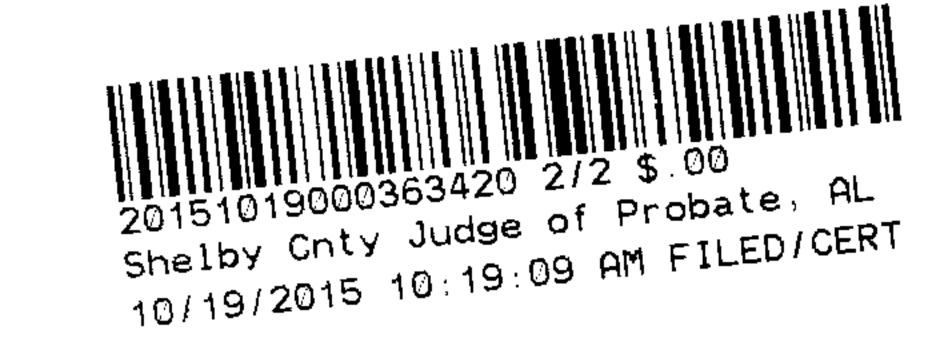
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DICLOW INSTRUCTIONS (front and back) CAREFULLY  IN NAME & PHONE OF CONTACT AT FILER (polional)  (aylon Mikula 205-226-1402  3. SEND ACKNOWLEDGMENT TO: (Name and Address)  Alabama Power Company 600 18th St N  Birmingham, AL 35203  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  10/19/2615 10-19:09 AM FILED/CERT  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  10/19/2615 10-19:09 AM FILED/CERT  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  10/19/2615 10-19:09 AM FILED/CERT  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  10/19/2615 10-19:09 AM FILED/CERT  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  10/19/2615 10-19:09 AM FILED/CERT  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  10/19/2615 10-19:09 AM FILED/CERT  10/19/2615 10-19/2615 10-19/2615 10-19/2615 10-19/2615 10-19/2615 10-19/2615 10-19/2615 10-19/2615	OO FINIANICINIC CTA	TERRENT A MENIDMENI	T		<b>ラ</b>	
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9. NAME 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 which adds 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.	216 LEE COVE  7d. TAX ID #: SSN OR EIN ADD'L ORGAN DEBTO  3. AMENDMENT (COLLATERAL Describe collateral deleted or adds the authorizing adds collateral or adds the authorizing adds collateral or adds the authorizing adds.	CHANGE): check only one box.  added, or give entire restated collater  Y OF RECORD AUTHORIZING THIS AM	7f. JURISDICTION OF ORGANIZATION  ral description, or describe collateral assigne  SENDMENT (name of assignor, if this is an Assign	d.  f this i	s an Amendment authoriz	NON
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## UCC FINANCING STATEMENT AMENDMENT ADDENDUM FOLLOW INSTRUCTIONS (front and back) CAREFULLY 11. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form) 20080915000364470 12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form) 12a. ORGANIZATION'S NAME Alabama Power Company OR 12b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME, SUFFIX

13. Use this space for additional information

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THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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