OLI A. N	C FINANCING STATEMENT AMENDMEN LOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional] ylon Mikula 205-226-1402		A ORIGIN	AL
	Alabama Power Company 600 18th St N Birmingham, AL 35203	Shelby	3000208770 1/2 \$.00 Cnty Judge of Probate: 6	AL ERT
		THE ABOVE S	PACE IS FOR FILING OFFICE	
a. If	20120510000164140		to be filed [for record] (or note that the record) to be filed [for record] to be filed [for rec	recorded) in the
.	TERMINATION: Effectiveness of the Financing Statement identified above is		he Secured Party authorizing this Term	nination Statement.
	CONTINUATION: Effectiveness of the Financing Statement identified abortional continued for the additional period provided by applicable law.	ve with respect to security interest(s) of the Secu	red Party authorizing this Continuatio	n Statement is
T	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	address of assignee in item 7c; and also give name	e of assignor in item 9.	
Α	Iso check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in it CHANGE name and/or address: Give current record name in item 6a or 6b; also	o give new DELETE name: Give record na		em 7a or 7b, and also
	name (if name change) in item 7a or 7b and/or new address (if address change) URRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	in item 7c to be deleted in item 6a or 6b.	terri 7c, aiso complete ite	ants ru-ry (ii applicabi
R	6b. INDIVIDUAL'S LAST NAME JOHNSON	FIRST NAME MITCHELL	MIDDLE NAME	SUFFIX
	CHANGED (NEW) OR ADDED INFORMATION:			
	7a. ORGANIZATION'S NAME			
OR	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7c. N	When to hearted	DIBADIOHAM	AL 35242	US
	NEVINSHIRE PLACE	BIRMINGHAM	- 0004NUZ4Z10NAL 10 # 34	
8	TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if	
8 ′d.	TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR		7g. ORGANIZATIONAL ID #, if	any NO
8 d.	TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	7f. JURISDICTION OF ORGANIZATION		
8 d.	TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	7f. JURISDICTION OF ORGANIZATION		
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8 d. d. 3. A. D. A. a.	TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. rescribe collateral deleted or added, or give entire restated collateral restated restated restated restated restated restated restated restat	7f. JURISDICTION OF ORGANIZATION al description, or describe collateral assigned as	ed.	rized by a Debtor whic
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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) 20120510000164140

12. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form) 12a. ORGANIZATION'S NAME

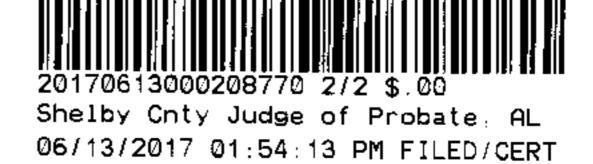
Alabama Power Company

12b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME SUFFIX

13. Use this space for additional information



THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY