



OW INSTRUCTIONS (front and back) CAREFULLY IAME & PHONE OF CONTACT AT FILER [optional] C. BARGER/205-226-1401  END ACKNOWLEDGMENT TO: (Name and Address)  ALABAMA POWER COMPANY 600 NORTH 18TH STREET BIRMINGHAM, AL 35291	THE AROVE		
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600 NORTH 18TH STREET BIRMINGHAM, AL 35291  ITIAL FINANCING STATEMENT FILE #	THE AROVE		
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		SPACE IS FOR FILING OFFIC	E USE ONLY
0030310000143080/SHELB1		1b. This FINANCING STATe to be filed [for record]	TEMENT AMENDMENT is (or recorded) in the
TEDLENIATIONS PRODUCE SALE From Second Control of the Control of t		REAL ESTATE RECO	RDS.
TERMINATION: Effectiveness of the Financing Statement identified above			
CONTINUATION: Effectiveness of the Financing Statement identified at continued for the additional period provided by applicable law.	bove with respect to security interest(s) of the Sec	ured Party authorizing this Continu	ation Statement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	d address of assignee in item 7c; and also give nam	e of assignor in item 9.	<del></del>
MENDMENT (PARTY INFORMATION): This Amendment affects			<del></del>
so check one of the following three boxes and provide appropriate information in		, <u> </u>	
CHANGE name and/or address: Give current record name in item 6a or 6b; a	Iso give new DELETE name: Give record r	name	e item 7a or 7b, and also
name (if name change) in item 7a or 7b and/or new address (if address change) URRENT RECORD INFORMATION:	ge) in item 7c to be deleted in item 6a or 6b.	tem /c; also complete	e items 7d-7g (if applicable)
6a. ORGANIZATION'S NAME			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
SKINNER	MILTON	C.	SR.
HANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
SKINNER	ELLA	RUTH	- COLINETEN
AILING ADDRESS  DOGWOOD CIRCLE	BIRMINGHAM	AL 35244	COUNTRY
ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f, JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #	if any
ORGANIZATION '	71,30113BICTION OF CIRCANIZATION	rg. ONGANIZATIONAL ID#	, " atriy
DEBTOR			NONE
MENDMENT (COLLATERAL CHANGE): check only <u>one</u> box.			
escribe collateral deleted or added, or give entire restated collate	eral description, or describe collateralassign	ed.	
AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AN	d by a Dabtar abade basa from and nation of the	EBTOR authorizing this Amendme	ent.
ds collateral or adds the authorizing Debtor, or if this is a Termination authorize	and enter name of L		
ds collateral or adds the authorizing Debtor, or if this is a Termination authorized a. ORGANIZATION'S NAME	and enter name of L		· · · · · · · · · · · · · · · · · · ·
ds collateral or adds the authorizing Debtor, or if this is a Termination authorized a. ORGANIZATION'S NAME ALABAMA POWER COMPANY			
ds collateral or adds the authorizing Debtor, or if this is a Termination authorized a. ORGANIZATION'S NAME	FIRST NAME	MIDDLE NAME	SUFFIX