



		ENTAMENDMEN				
OLLOW INSTRUCTIONS 4. NAME & PHONE OF CO						
J. RUFFIN/205.226.	1902					
SEND ACKNOWLEDGN	IENT TO: (Name	e and Address)				
ALABAMA F	OWER CON	IPANY				
600 NORTH	18TH STREE	3T				
BIRMINGHA	M, AL 3529	1				
			THE ABOVE SP		R FILING OFFICE USE S FINANCING STATEMEN	
a. INITIAL FINANCING STATEMENT FILE # 1996-25771/SHELBY					e filed [for record] (or record)	
		pancing Statement identified above is	terminated with respect to security interest(s) of the			
<u> </u>			ve with respect to security interest(s) of the Secured			<u> </u>
continued for the addition	onal period provide	d by applicable law.		•		
ASSIGNMENT (full o	r partial): Give nam	ne of assignee in item 7a or 7b and a	address of assignee in item 7c; and also give name or	f assignor in	item 9.	
			btor or Secured Party of record. Check only o			
Also check one of the follow	ing three boxes and	d provide appropriate information in it	tems 6 and/or 7.			l l
CHANGE name and/or a name (if name change)	address: Give curre in item 7a or 7b and	ent record name in item 6a or 6b; also d/or new address (if address change)	DELETE name: Give record name) in item 7c. to be deleted in item 6a or 6b.	e Al ite	DD name: Complete item 7am 7c; also complete items	a or 7b, and also 7d-7g (if applicable
CURRENT RECORD INF				1-		
6a. ORGANIZATION'S NA	ĀME					
2			FIRST NAME	MIDDLE NAME SUFFIX		SUFFIX
6b. INDIVIDUAL'S LAST NAME MCCLENDON		RICHARD				
7a. ORGANIZATION'S N		ION:		·····		
7 a. Ortoritization						
7b. INDIVIDUAL'S LAST NAME		**************************************	FIRST NAME	MIDDLE	NAME	SUFFIX
i	,		CITY	STATE	POSTAL CODE	COUNTRY
. MAILING ADDRESS			BIRMINGHAM	AL	35242	
						• •
	1	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if any	
	ADD'L INFO RE ORGANIZATION DEBTOR		7f. JURISDICTION OF ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if any	NOI
605 AFTON DR	ORGANIZATION DEBTOR		7f. JURISDICTION OF ORGANIZATION	7g. ORG	ANIZATIONAL ID #, if any	
605 AFTON DR AMENDMENT (COLLA	ORGANIZATION DEBTOR TERAL CHANGE	E): check only <u>one</u> box.	7f. JURISDICTION OF ORGANIZATION al description, or describe collateral assigned.		ANIZATIONAL ID #, if any	
605 AFTON DR AMENDMENT (COLLA	ORGANIZATION DEBTOR TERAL CHANGE	E): check only <u>one</u> box.			ANIZATIONAL ID #, if any	
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605 AFTON DR AMENDMENT (COLLA	ORGANIZATION DEBTOR TERAL CHANGE	E): check only <u>one</u> box.			ANIZATIONAL ID #, if any	
AMENDMENT (COLLA Describe collateral del	ORGANIZATION DEBTOR TERAL CHANGE eted or added,	E): check only <u>one</u> box. or give entire restated collaters	al description, or describe collateral assigned.			NO
AMENDMENT (COLLA Describe collateral dela	ORGANIZATION DEBTOR TERAL CHANGE eted or added,	E): check only one box. or give entire restated collaters CORD AUTHORIZING THIS AM	al description, or describe collateral assigned. • ENDMENT (name of assignor, if this is an Assignm	ent). If this i	s an Amendment authorized	NO
AMENDMENT (COLLA Describe collateral dela dela NAME OF SECURED adds collateral or adds the	ORGANIZATION DEBTOR TERAL CHANGE eted or added, PARTY OF REC authorizing Debtor,	E): check only one box. or give entire restated collaters CORD AUTHORIZING THIS AM	al description, or describe collateral assigned.	ent). If this i	s an Amendment authorized	NO
AMENDMENT (COLLA Describe collateral dela dela dela dela dela dela dela de	PARTY OF REC authorizing Debtor, IAME	E): check only one box. or give entire restated collaters CORD AUTHORIZING THIS AM or if this is a Termination authorized	al description, or describe collateral assigned. • ENDMENT (name of assignor, if this is an Assignm	ent). If this i	s an Amendment authorized	NO
AMENDMENT (COLLA Describe collateral dela dela dela dela dela dela dela de	PARTY OF REC authorizing Debtor, IAME	E): check only one box. or give entire restated collaters CORD AUTHORIZING THIS AM or if this is a Termination authorized	al description, or describe collateral assigned. • ENDMENT (name of assignor, if this is an Assignm	ent). If this i	s an Amendment authorized orizing this Amendment.	NO
NAME OF SECURED adds collateral or adds the	PARTY OF REC authorizing Debtor, IAME	E): check only one box. or give entire restated collaters CORD AUTHORIZING THIS AM or if this is a Termination authorized	al description, or describe collateral assigned. ENDMENT (name of assignor, if this is an Assignm by a Debtor, check here and enter name of DE	ent). If this i	s an Amendment authorized orizing this Amendment.	by a Debtor which