STATE OF ALABAMA — UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. — FORM UCC-3

Important: Read Instructions on Back Before Filling out Form.

		This EMIANORIC STATEMENT is now	ented to a Filling Off	
The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	This FINANCING STATEMENT is pre- fitting pursuant to the Uniform Comme	rcial Code.	
Return copy or recorded original to	 .	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office		
Alabama Power Company				
Birmingham Division Acc	counting	1		
600 North 18th Street			_	, е
Birmingham, Alabama 35291-1135			4.7	다 II H
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2. Name and Address of Debtor	(Last Name First if a Person)	1	Ì	
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Emanuel, Moonen C.			6	0 7
5448 Palomion Trail				ことを
Birmingham, Alabama 3	5242		*	# 61 > 8
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•		<u> </u>	2	25 😤
Social Security/Tex ID #			Ħ	~ ~ ~
2A. Name and Address of Debtor (IF AN	(Last Name First if a Person)			
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On alab On another (Taxa IO II)				
Sociel Security/Tax ID #		-		
Additional debtors on attached UCC-E			AF ALDA	d hts-wa Chat if a flament
3. SECURED PARTY (Last Name First if a Person)		4. ASSIGNEE OF SECURED PARTY	(OF ANY)	(Last Name First if a Person)
AmSouth Bank of Alabam				
Riverchase Center Nort	h Building 2050			
Parkway Office Circle				
Hoover, Alabama 35244				
Social Security/Tax ID #		_		
Additional secured parties on attached UCC-E				
		1996-18553	<u> </u>	
5. This statement refers to original Financing Statement Judge of P	robate Shelby County		1996	<u> </u>
6. Continuation. The original financing statemen		<u></u>		
7. Termination. Secured Party no longer claims	s a security interest under the financing stateme	ent bearing the file number shown above.		
	er the financing statement bearing file number s or to all of the property listed on this file, is assig			
Assignment, whose name and address appoint	ears in item 4.			
	le number shown above is amended as set forth lighteral described in item 11 from the financing :			
Release number shown above.				
11.				
			11/	A. Enter Code(s) From Back of Form That
				Best Describes The 1 Colleteral Covered
	r de			By This Filling:
	· ·			
	•			
	•			
	•			
Check X if covered: Products of Colleteral are	also covered.	<u></u>	·	
<u>++</u> .		AmSouth Bank of Alabama		
Signature(s) of Debtor(s)		Contact & B. Genette		
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)		Signature(s) of Secured Party(ies)	· cere	w
Andrews and the management of the latest the	· · · · · · · · · · · · · · · · · · ·			
Type Name of Individual or Business		Type Name of Individual or Business		MATERIAL CORE COMMISSO
	LING OFFICER COPY — ACKNOWLEDGEMENT LE COPY — SECOND PARTY(S)	(5) FILE COPY DESTOR(S) STANDARD FO	oreal — Unan Oreal CO oproved by The Secret	MMERCIAL CODE — FORM UCC-3 tary of State of Alabama