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.

The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	This FINANCING STATEMENT is present filling pursuant to the Uniform Commercia	ed to a Filing	Officer for
1. Return copy or recorded original to ALABAMA POWER COMPANY		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	Code.	· · · · · · · · · · · · · · · · · · ·
600 NORTH 18th STREET BIRMINGHAM, AL 35291				
Pre-paid Acct. # 2. Name and Address of Debtor	(Last Name First if a Person)		9	Э Ш ш
RANDALL, JOHN RAYMOND 117 MAPLE STREET			0450	-0450- XTIFI R884.
MAYLENE AL 35114			2002	1002- 1002- 1005 0
Social Security/Tax ID #	(Last Name First if a Person)		Inst #	02:19 PP SELBY COUNT SELBY COUNT 961 CE
Social Security/Tex ID #				
Additional debtors on attached UCC-E 3. SECURED PARTY (Last Name First if a Person)				
ALABAMA POWER COMPANY 600 NORTH 18th STREET BIRMINGHAM, AL 35291 Social Security/Tax ID #		4. ASSIGNEE OF SECURED PARTY (IF A	int)	(Last Name First if a Person)
Additional secured parties on attached UCC-E				
5. E This statement refers to original Financing Statement Filed with	E/SHELBY	Date FiledDEC28	2001	
Assignment. whose name and address appears in Financing statement bearing file num	fund interest under the linancing statement inancing statement bearing file number shought of the property listed on this file, is assigned	bearing the file number shown above. wh above to the id to the assignee		
			1 1A	Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling:
				——————————————————————————————————————
Check X if covered: Products of Colleteral are also or	overed.	D111-11-		
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies)	<u> </u>	
Signature(s) of Debtor(s) (necessary only if item 9 is an	pplicable)	Signature(s) of Secured Party(ies) ALABAMA POWER COMPANY	·	······································
Type Name of Individual or Business 1) FILING OFFICER COPY ALPHARETICAL (9) FILING OFF		Type Name of Individual or Business		