UCC FINANCING STATEMENT AMENDMS FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] PAT HUNTLEY /205-2261925	ENT	* * 2002 - 097	-09777 KTIFIED OF PROBATE
B. SEND ACKNOWLEDGMENT TO: (Name and Address)  ALABAMA POWER COMPANY  600 NORTH 18th STREET  BIRMINGHAM, AL 35291			02/28/2002- 11:06 AM CEF
	THE	ABOVE SPACE IS FOR FILING OFFICE USE	
14. INITIAL FINANCING STATEMENT FILE # 14259/SHELBY		1b. This FINANCING STATEMENT to be filed [far record] (or record	FAMENDMENT is
2. TERMINATION: Effectiveness of the Financing Statement identified abo	ve is terminated with respect to security inte	REAL ESTATE RECORDS.	•
3.   CONTINUATION: Effectiveness of the Financing Statement identified		<del></del>	
continued for the additional period provided by applicable law.  4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b a			····-
Also check one of the following three boxes and provide appropriate information CHANGE name and/or address: Give current record name in item 6a or 6b; name (if name change) in item 7a or 7b and/or new address (if address charge. CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME  6b. INDIVIDUAL'S LAST NAME	also give new DELETE name: Givenge) in item 7c. to be deleted in item	Salor 5b. item 7c: also complete items 7	a or 7b, and also 7d-7c (if applicable)
(	FIRST NAME	MIDDLE NAME	SUFFIX
	) , [P. P P K P. Y	L _	
HOLBY 7. CHANGED (NEW) OR ADDED INFORMATION:	JEFFREY	L.	
	JEFFREI	L++	
7. CHANGED (NEW) OR ADDED INFORMATION:	FIRST NAME	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  OR  7b. INDIVIDUAL'S LAST NAME  HOLBY			SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  OR  7b. INDIVIDUAL'S LAST NAME  HOLBY	FIRST NAME	MIDDLE NAME	SUFFIX
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  HOLBY  7c. MAILING ADDRESS  1489 SECRETARIAT DR  7d. TAXID# SSN OR EIN ADD'LINFO RE 7e. TYPE OF ORGANIZATION	FIRST NAME TAMI	MIDDLE NAME R.  STATE POSTAL CODE AL. 35080	
7. CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  HOLBY  7c. MAILING ADDRESS  1489 SECRETARIAT DR  7d. TAX ID # SSN CR EIN ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	FIRST NAME TAMI CITY HELENA	MIDDLE NAME R.  STATE POSTAL CODE AL 35080	
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  HOLBY  7c. MAILING ADDRESS  1489 SECRETARIAT DR  7d. TAX ID # SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR    8. AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral   deleted or   added, or give entire   restated collaboration	FIRST NAME TAMI  CITY HELENA  71. JURISDICTION OF ORGANIZATION steral description, or describe collateral	MIDDLE NAME R.  STATE POSTAL CODE AL J. 35080  ON 7g. ORGANIZATIONAL ID #, if any assigned.	COUNTRY
7. CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  HOLBY  7c. MAILING ADDRESS  1489 SECRETARIAT DR  7d. TAX ID # SSN OR EIN   ADDIL INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR    3. AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral   deleted or   added, or give entire   restated collateral organization organization organization    3. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS adds collateral or adds the authorizing Debtor, or if this is a Termination authority    9a. ORGANIZATION'S NAME	FIRST NAME TAMI  CITY HELENA  7f. JURISDICTION OF ORGANIZATION ateral description, or describe collateral  AMENDMENT (name of assignor, if this is	STATE POSTAL CODE AL 1. 35080  ON 7g. ORGANIZATIONAL ID #, if any assigned.	COUNTRY
To. INDIVIDUAL'S LAST NAME  TO. INDIVIDUAL'S LAST NAME  HOLBY  To. MAILING ADDRESS  1489 SECRETARIAT DR  To. TAX ID #: SSN OR EIN ADD'L INFO RE TO. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  B. AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restated collaboration of the collateral deleted or to the collateral restated collaboration or adds the authorizing Debtor, or if this is a Termination authority.	FIRST NAME TAMI  CITY HELENA  7f. JURISDICTION OF ORGANIZATION ateral description, or describe collateral  AMENDMENT (name of assignor, if this is	STATE POSTAL CODE AL 1. 35080  ON 7g. ORGANIZATIONAL ID #, if any assigned.	COUNTRY