	S STATEMENT AMENDME S (front and back) CAREFULLY	NT		* 2002-14193	2-14193 ERTIFIED
A. NAME & PHONE OF CONTACT AT FILER [optional] PATRICIA HUNTLEY/205-226-1925				 چه	
	MENT TO: (Name and Address)			Š	% √3 ¥
600 NORTH	POWER COMPANY 18TH STREET AM, AL 35291				03/26
1a. INITIAL FINANCING STAT	TEMENT FILE #	THE ABO	1b. This FINANCING ST	ATEMENT AM	ENDMENT is
15815 / SHELI			to be filed [for record	ORDS.	
	fectiveness of the Financing Statement Identified above Effectiveness of the Financing Statement identified a				
- 8	tional period provided by applicable law.				
	or partial): Give name of assignee in item 7a or 7b an				
•	Y INFORMATION): This Amendment affects [] wing three boxes <u>and</u> provide appropriate information i		eck only <u>one</u> of these two boxes.		
CHANGE name and/or	address: Give current record name in item 6a or 6b; a) in Item 7a or 7b and/or new address (if address chan	also give new DELETE name: Give reage) in item 7c. Deleted in item 6a			7b, and also g (if applicable).
name (if name change)) in item 78 or 70 and/or new address (ii address charr	ger in item rc. Lib be deleted in item ba	a or ob nein rc, also compl	Grainariis (D-1)	
name (if name change) 6. CURRENT RECORD IN	FORMATION:	ge) in item 70. La lib be deleted in item ba	a or ob.	cia italiis 10-11	
name (if name change)	FORMATION:	ige) in item 10. La lib be deleted in item ba	a or ob.	dia Italiis 10-11	
name (if name change) 6. CURRENT RECORD IN	FORMATION: NAME	FIRST NAME	MIDDLE NAME		SUFFIX
name (if name change) 6. CURRENT RECORD IN 6a. ORGANIZATION'S N OR 6b. INDIVIDUAL'S LAST ROBERTS	FORMATION: NAME				SUFFIX
6. CURRENT RECORD IN 8a. ORGANIZATION'S N OR 6b. INDIVIDUAL'S LAST	FORMATION: NAME DDED INFORMATION:	FIRST NAME	MIDDLE NAME		SUFFIX
6. CURRENT RECORD IN 6a. ORGANIZATION'S N 6b. INDIVIDUAL'S LAST ROBERTS 7. CHANGED (NEW) OR A 7a. ORGANIZATION'S N	FORMATION: NAME DDED INFORMATION:	FIRST NAME	MIDDLE NAME		SUFFIX
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6. CURRENT RECORD IN 6a. ORGANIZATION'S N 6b. INDIVIDUAL'S LAST ROBERTS 7. CHANGED (NEW) OR A 7a. ORGANIZATION'S N OR 7b. INDIVIDUAL'S LAST ROBERTS 7c. MAILING ADDRESS 234 HWY 408 7d. TAX ID #: SSN OR EIN	FORMATION: NAME DED INFORMATION: NAME ADD'L INFO RE 7e, TYPE OF ORGANIZATION ORGANIZATION DEBTOR ATERAL CHANGE): check only one box.	FIRST NAME BILLY FIRST NAME PHYLLIS CITY SHELBY 7f. JURISDICTION OF ORGANIZATION	MIDDLE NAME H. MIDDLE NAME J. STATE POSTAL CODE AL 35143 7g. ORGANIZATIONAL ID		SUFFIX
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