UCC FINANCING STATEMENT AMENI FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER (optional)	DMENT		2002-14197 37 1EU
PATRICIA HUNTLEY/205-226-1925			# 7 4 8
B. SEND ACKNOWLEDGMENT TO: (Name and Address)  ALABAMA POWER COMPANY  600 NORTH 18TH STREET  BIRMINGHAM, AL 35291			Enst 6/2002-1 PM CERT
	THE AB	OVE SPACE IS FOR FILING OFFICE U	SE ONLY
18. INITIAL FINANCING STATEMENT FILE # 33949/SHELBY		to be filed (for record) (or re-	
2. TERMINATION: Effectiveness of the Financing Statement ident	ified above is terminated with respect to security interest	t(s) of the Secured Party authorizing this Termin	nation Statement.
CONTINUATION: Effectiveness of the Financing Statement id continued for the additional period provided by applicable law.	lentified above with respect to security interest(s) of th	e Secured Party authorizing this Continuation	Statement is
ASSIGNMENT (full or partial): Give name of assignee in item 7	'a or 7b and address of assignee in Item 7c; and also giv	e name of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affi			· · · · · ·
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate inf		ecord name	7e or 7h, end elen
CHANGE name and/or address: Give current record name in item (name (if name change) in item 7a or 7b and/or new address (if addition). CURRENT RECORD INFORMATION:	ress change) in item 7c to be deleted in item 6a		s 7d-7g (if applicable).
6a. ORGANIZATION'S NAME			<u> </u>
66. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	Toursey
KIRKLAND	GORDON	MIDDLE NAME	SUFFIX SR.
. CHANGED (NEW) OR ADDED INFORMATION:			1520.
7a. ORGANIZATION'S NAME	<u> </u>		<u>.</u>
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
E Company of the Comp			
KIRKLAND	WANDA		
KIRKLAND c. MAILING ADDRESS	ату	STATE POSTAL CODE	COUNTRY
KIRKLAND c. MAILING ADDRESS 105 LOONEY RD	COLUMBIANA	AL 35051	
KIRKLAND  c. MAILING ADDRESS  105 LOONEY RD  d. TAX ID #: SSN OR EIN   ADD'L INFO RE   76. TYPE OF ORGANIZATION	COLUMBIANA	AL 35051	у
KIRKLAND  c. MAILING ADDRESS  105 LOONEY RD  d. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZ ORGANIZATION DEBTOR  DEBTOR  AMENDMENT (COLLATERAL CHANGE): check only one box.	COLUMBIANA ZATION 7f. JURISDICTION OF ORGANIZATION	AL 35051 7g. ORGANIZATIONAL ID #, if an	
KIRKLAND c. MAILING ADDRESS 105 LOONEY RD d. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   DEBTOR	COLUMBIANA ZATION 7f. JURISDICTION OF ORGANIZATION	AL 35051 7g. ORGANIZATIONAL ID #, if an	у
E. MAILING ADDRESS  105 LOONEY RD  d. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   DEBTOR    Describe collateral   deleted or   added, or give entire   restated   res	COLUMBIANA ZATION 7f. JURISDICTION OF ORGANIZATION ated collateral description, or describe collateral ated co	AL 35051 7g. ORGANIZATIONAL ID #, if an assigned.  Assignment). If this is an Amendment authorize	NONE
E. MAILING ADDRESS  105 LOONEY RD  d. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   ORGANIZATION   DEBTOR    Describe collateral   deleted or   added, or give entire   restaution   restaution    NAME OF SECURED PARTY OF RECORD AUTHORIZING   adds collateral or adds the authorizing Debtor, or if this is a Termination    9a. ORGANIZATION'S NAME   ALABAMA POWER COMPANY	COLUMBIANA ZATION 7f. JURISDICTION OF ORGANIZATION ated collateral description, or describe collateral ated co	AL 35051 7g. ORGANIZATIONAL ID #, if an assigned.  Assignment). If this is an Amendment authorize	NONE
E. MAILING ADDRESS  1.05 LOONEY RD  d. TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   DEBTOR    Describe collateral   deleted or   added, or give entire   restated    NAME OF SECURED PARTY OF RECORD AUTHORIZING   adds collateral or adds the authorizing Debtor, or if this is a Termination    9a. ORGANIZATION'S NAME	COLUMBIANA ZATION 7f. JURISDICTION OF ORGANIZATION ated collateral description, or describe collateral ated co	AL 35051 7g. ORGANIZATIONAL ID #, if an assigned.  Assignment). If this is an Amendment authorize	NONE