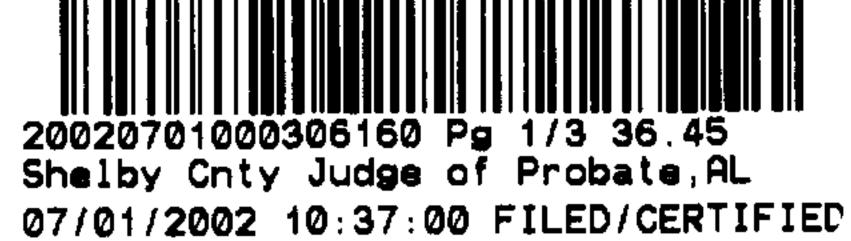
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	e and the second se			
CC FINANCING STATEMENT LLOW INSTRUCTIONS (front and back) CAREFULLY				
NAME & PHONE OF CONTACT AT FILER [optional]				
SEND ACKNOWLEDGMENT TO: (Name and Address)	·			
			•	
	THE ABOVE	SDACE IO E	00 FB 1840 0	
DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name	(1a or 1b) - do not abbreviate or combine names	SPACE IS F	OR FILING OFFICE	JSE ONLY
1a. ORGANIZATION'S NAME			· · · · · · · · · · · · · · · · · · ·	······································
1b. INDIVIDUAL'S LAST NAME 17	FIRST NAME ( )	MIDDLE	NAME	SUFFIX
AILING ADDRESS  AILING ADDRESS	Muter			
74B TOVEL DKING	1 Alnoloin 1/	STATE	POSTAL CODE	COUNTRY
AX ID #: SSN OR EIN ADD'L INFO RE 10. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	19. ORG	ANIZATIONAL ID #, if an	_145
ORGANIZATION DEBTOR		i		NON
DDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one 2a. ORGANIZATION'S NAME	e debtor name (2a or 2b) - do not abbreviate or comb	ine names		
26. INDIVIDUAL'S LAST NAME	FIRST NAME DOLLA	MIDDLE	NAME	SUFFIX
AILING ADDRESS	CITY, DETTIC	STATE	POSTAL CODE	COUNTRY
240 FORST PKWU	Montevallo	AL	35/15	
AX ID #: SSN OR EIN ADD'L INFO RE 28. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	2f. JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID #, if any	<u> </u>
ECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNO	OR S/P) - insert only one secured party name (3a or 3	b)		NON
DA. ORGANIZA I ION'S NAME			······································	
Alabama Power Company  B. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	Tour End
			I A-MAIC	SUFFIX
AILING ADDRESS	CITY	STATE	POSTAL CODE	
600 North 18th Street	Birmingham	AL.	35291	COUNTRY

[if applicable] [ADDITIONAL FEE] ORT(S) on Debtor(s)
[optional] LESTATE RECORDS. Attach Addendum All Debtors Debtor 1 Debtor 2 8. OPTIONAL FILER REFERENCE DATA



FOLLOW INSTRUCTIONS (front and back) CAREFULLY			
9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING ST	TATEMENT		
9a. ORGANIZATION'S NAME			
OR 9b. INDIVIDUAL'S LAST NAME FIRST NAME	AMDOLE MANAGE OFFICE		
96. INDIVIDUAL'S LAST NAME  FIRST NAME  A  A  A  A  A  A  A  A  A  A  A  A  A	MIDDLE NAME, SUFFIX		
10. MISCELLANEOUS:			
10. MIGCELD4(4EOUS;			
		· ·	
	THE	ABOVE SPACE IS FOR FILING OFFIC	E USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one	name (11a or 11b) - do not abbreviate or comb	ine names	
OR 11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	
		MIDDLE NAME	SUFFIX
11c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COLINETEN
		JOHN CODE	COUNTRY
11d. TAX ID #: SSN OR EIN ADD'L INFO RE 11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any	<u> </u>
ORGANIZATION DEBTOR		· · · · · · · · · · · · · · · · · · ·	NON
12. ADDITIONAL SECURED PARTY'S of ASSIGNOR S/P'	S NAME - insert only one name (12a or 12b)		I IACIA
12a. ORGANIZATION'S NAME			<del></del>
OR (A)	· · · · · · · · · · · · · · · · · · ·		
12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
12c. MAILING ADDRESS	CITY		
		STATE POSTAL CODE	COUNTRY
3. This FINANCING STATEMENT covers timber to be cut or as-extracted	16. Additional collateral description:		
collateral, or is filed as a fixture filing.	The state of the condition of the condit		
4. Description of real estate:			
		,	
		•	
5. Name and address of a RECORD OWNER of above-described real estate			
(if Debtor does not have a record interest):			
	17. Check only if applicable and check only		
	Debtor is a Trust or Trustee acting	with respect to property held in trust or	Decedent's Estate
à h	18. Check only if applicable and check only		
	Debtor is a TRANSMITTING UTILITY		
	Filed in connection with a Manufactured-		
	Filed in connection with a Public-Finance	Transaction — effective 30 years	

