

20020701000306180 Pg 1/1 .00 Shelby Cnty Judge of Probate, AL 07/01/2002 10:37:00 FILED/CERTIFIED

OLLOW INSTRUCTIONS (front and back) CAREFULLY	MENT 				
NAME & PHONE OF CONTACT AT FILER [optional] ATRICIA HUNTLEY/205-226-1925					
SEND ACKNOWLEDGMENT TO: (Name and Address)	<u></u>				
ALABAMA POWER COMPANY 600 NORTH 18TH STREET BIRMINGHAM, AL 35291					
		THE ABOVE S	· · · · · · · · · · · · · · · · · · ·	R FILING OFFICE USE (
. INITIAL FINANCING STATEMENT FILE # 25031/SHELBY			to be	filed [for record] (or recorded LESTATE RECORDS.	
TERMINATION: Effectiveness of the Financing Statement identified	ed above is terminat	ed with respect to security interest(s) of t			n Statement.
CONTINUES TIONS - FER - 1/2	ntified above with re	espect to security interest(s) of the Secu	red Party autho	rizing this Continuation Stat	ement is
. CONTINUATION: Effectiveness of the Financing Statement Identition continued for the additional period provided by applicable law.					
ASSIGNMENT (full or partial): Give name of assignee in item 7a o	or 7b and address o	f assignee in item 7c; and also give name	of assignor in	item 9.	
. AMENDMENT (PARTY INFORMATION): This Amendment affect					
Also check one of the following three boxes and provide appropriate inform	mation in items 6 ar	nd/or 7.		D name: Complete item 7a	or 7b. and also
CHANGE name and/or address: Give current record name in item 6a name (if name change) in item 7a or 7b and/or new address (if address	or 6b; also give net ss change) in item 7	w DELETE name: Give record notes. To be deleted in item 6a or 6b.		n 7c; also complete items 7c	-7g (if applicable
CURRENT RECORD INFORMATION:				<u> </u>	
6a. ORGANIZATION'S NAME					
R	FIRST	FIRST NAME		MIDDLE NAME SUFFIX	
6b. INDIVIDUAL'S LAST NAME		MATTHEW		R.	
ARMSTRONG	1711	IVIATITIE		<u> </u>	
CHANGED (NEW) OR ADDED INFORMATION:			<u> </u>	<u> </u>	<u> </u>
7a. ORGANIZATION'S NAME					
7b. INDIVIDUAL'S LAST NAME	FIRS	FIRST NAME		MIDDLE NAME	
ARMSTRONG	SH	SHAWN			
c. MAILING ADDRESS	CITY	CITY		POSTAL CODE	COUNTRY
v. mrueni v neerieri	BE	SSEMER	AL	35020	
			70 000	ANIZATIONAL ID #, if any	
d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR		IRISDICTION OF ORGANIZATION	7g. ORG	<u>.</u>	NO
d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR	ATION 7f. JU		<u></u>	<u>.</u>	NO
d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR	ATION 7f. JU		<u></u>		No
d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	ATION 7f. JU		<u></u>		NC
216 d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	ATION 7f. JU		<u></u>		NC NC
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