

20020701000306200 Pg 1/1 .00 Shelby Cnty Judge of Probate, AL 07/01/2002 10:37:00 FILED/CERTIFIED

ATRICIA HUNTLEY/205-226-1925  SEND ACKNOWLEDGMENT TO: (Name and Address)  ALABAMA POWER COMPANY 600 NORTH I STREET BIRMINGHAM, AL 35291  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  NITIAL FINANCING STATEMENT FILE #  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  NITIAL FINANCING STATEMENT FILE #  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  NITIAL FINANCING STATEMENT FILE #  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  NITIAL FINANCING STATEMENT FILE #  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  NITIAL FINANCING STATEMENT FILE #  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  NITIAL FINANCING STATEMENT AMENOMEN  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  NITIAL FINANCING STATEMENT AMENOMENT  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  INTERPRETATION THE ACCURATE THE ACC	OLLOW INSTRUCTIONS (front and back) CAREFULLY			
SEND ACKNOWLEDGMENT TO: (Name and Address)  ALABAMA POWER COMPANY 600 NORTH 18TH STREET BIRMINGHAM, AL 35291  INTIAL FINANCING STATEMENT FILE #  ST281/SHELBY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  ID: The FINANCING STATEMENT FILE #  ST281/SHELBY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  ID: The FINANCING STATEMENT AMENDMEN  To be filed for ecord (or record) or the filed for ecord (or record) in the REAL ESTATE FECORDS.  ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7a, and also give name of assignor in item 9.  MENDMENT (FARTY INFORMATION): The Amendment affects   Debtor or   Secured Party or record. Check only gog of these two boxes.  MENDMENT (FARTY INFORMATION): The Amendment affects   Debtor or   Secured Party or record. Check only gog of these two boxes.  MENDMENT (FARTY INFORMATION): The Amendment affects   Debtor or   Secured Party or record. Check only gog of these two boxes.  MENDMENT (FARTY INFORMATION): The Amendment affects   Debtor or   Secured Party or record. Check only gog of these two boxes.  MENDMENT (FARTY INFORMATION): The Amendment affects   Debtor or   Secured Party or record. Check only gog of these two boxes.  MENDMENT (FARTY INFORMATION): The Amendment affects   Debtor or   Secured Party or record. Check only gog of these two boxes.  MENDMENT (FARTY INFORMATION): The Amendment affects   Debtor or   Secured Party or record. Check only gog of these two boxes.  MENDMENT (FARTY INFORMATION): The Amendment affects   Debtor or   Secured Party or record. Check only gog of these two boxes.  MENDMENT (FARTY INFORMATION): The Amendment affects   Debtor or   Secured Party or record. Check only gog of these two boxes.  MENDMENT (FARTY INFORMATION): The Amendment affects   Debtor or   Secured Party or record check only gog of these two boxes.  MENDMENT (FARTY INFORMATION): The Amendment affects   Debtor or   Secured Party and gog or these two boxes.  MENDMENT (FARTY INFORMATION): The Amendment affects   Debtor or   Secured Party a	A. NAME & PHONE OF CONTACT AT FILER [optional]			
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66. INDIVIDUAL'S LAST NAME LOO DAVID P. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME LOO DEANNA MAILING ADDRESS 4 SAINT CHARLES LN TAX ID #: SSN OR EIN ADD'LINFO RE ORGANIZATION OF ORGANIZATION ORGANIZATION DEBTOR  FIRST NAME DEVICE SUFFIX  SUFFIX  SUFFIX  MIDDLE NAME SUFFIX  SUFFIX  FIRST NAME DEANNA  MIDDLE NAME SUFFIX  SUFFIX  FIRST NAME DEANNA  ADD'LINFO RE 76. TYPE OF ORGANIZATION OF ORGANIZATION	CURRENT RECORD INFORMATION:	duress change) in item 7c. Light deleted in item 6a	or obitem /c; also complete it	ems 7d-7g (if applica
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AME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor whi	The individual's last name  LOO  MAILING ADDRESS  4 SAINT CHARLES LN  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGAT ORGANIZATION   DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one book of collateral   deleted or   added, or give entire   researched or   researched or   added   researched or   resear	DEANNA  CITY HELENA  INIZATION  7f. JURISDICTION OF ORGANIZATION  DX.  Instated collateral description, or describe collateral asset as a second collateral as a second	STATE POSTAL CODE AL 35080  7g. ORGANIZATIONAL ID #, if	any  No
ds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.	The Individual's last name  LOO  MAILING ADDRESS  4 SAINT CHARLES LN  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGATION   DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one both posserible collateral   deleted or   added, or give entire   results   re	DEANNA  CITY HELENA  INIZATION  7f. JURISDICTION OF ORGANIZATION  DX.  Instated collateral description, or describe collateral asset as a second collateral as a second	STATE POSTAL CODE AL 35080  7g. ORGANIZATIONAL ID #, if	any  Debtor which
Ids collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.  9a. ORGANIZATION'S NAME	TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGAL ORGANIZATION   DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one bookscribe collateral   deleted or   added, or give entire   resolved res	DEANNA  CITY HELENA  INIZATION  7f. JURISDICTION OF ORGANIZATION  DX.  Instated collateral description, or describe collateral asset as a second collateral as a second	STATE POSTAL CODE AL 35080  7g. ORGANIZATIONAL ID #, if	any  Debtor which
Ids collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment.  9a. ORGANIZATION'S NAME  ALABAMA POWER COMPANY	The individual's last name  LOO  MAILING ADDRESS  4 SAINT CHARLES LN  TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGATION   DEBTOR    AMENDMENT (COLLATERAL CHANGE): check only one both posserible collateral   deleted or   added, or give entire   results   re	DEANNA  CITY HELENA  INIZATION  7f. JURISDICTION OF ORGANIZATION  DX.  Instated collateral description, or describe collateral associated associated collateral associated colla	STATE   POSTAL CODE   AL   35080   7g. ORGANIZATIONAL ID #, if ssigned.	any No