



UCC FINANCING STATEMENT AMENDMEN	iT			
A. NAME & PHONE OF CONTACT AT FILER [optional]				
PATRICIA A HUNTLEY 205-226-1925 B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
ALABAMA POWER COMPANY 600 NORTH 18TH STREET BIRMINGHAM, AL 35291				
1a. INITIAL FINANCING STATEMENT FILE #	THE ABOVE SPA		OR FILING OFFICE USE	
1997-26042 SHELBY COUNTY		to to	be filed [for record] (or record)	
2. TERMINATION: Effectiveness of the Financing Statement identified above it	is terminated with respect to security interest(s) of the S		AL ESTATE RECORDS. Introduction of the state of the stat	on Statement.
3. CONTINUATION: Effectiveness of the Financing Statement identified about continued for the additional period provided by applicable law.	ove with respect to security interest(s) of the Secured	Party auth	orizing this Continuation Sta	atement is
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	address of assignee in item 7c; and also give name of	assignor in	item 9.	
	btor or Secured Party of record. Check only on	e of these	two boxes.	
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in a CHANGE name and/or address: Give current record name in item 6a or 6b; also		. – 1	DD name: Camplata itam 7a	7h
name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. to be deleted in item 6a or 6b.		DD name: Complete item 7a m 7c; also complete items 7	d-7g (if applicable).
6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME				······································
OR 6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
CASEY	KENNETH	\mathbf{L}		
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME OR				
76. INDIVIDUAL'S LAST NAME CASEY	FIRST NAME LISA	MIDDLE	NAME	SUFFIX
7c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
134 CARRIAGE DRIVE	MAYLENE	AL	35114	
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION		ANIZATIONAL ID #, if any	
ORGANIZATION DEBTOR				NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collater	al description, or describe collateral assigned.			
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMI adds collateral or adds the authorizing Debtor, or if this is a Termination authorized				y a Debtor which
9a. ORGANIZATION'S NAME ALABAMA POWER COMPANY				
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA		1		