



## 08/28/2002 08:40:00 FILED/CERTIFIED

	LOW INSTRUCTIONS (front and back) CAREFULLY  NAME & PHONE OF CONTACT AT FILER [optional]				
· · · · ·	ATRICIA A HUNTLEY 205-226-1925				
3. :	SEND ACKNOWLEDGMENT TO: (Name and Address)				
	ALABAMA POWER COMPANY				
	600 NORTH 18TH STREET				
	BIRMINGHAM, AL 35291				
		THE ARC	IVE SPACE	IS FOR FILING OF	EICE LISE ONI V
a.	NITIAL FINANCING STATEMENT FILE #		1b		STATEMENT AMENDMEN
	1995-07550 SHELBY COUNTY			to be filed [for reco	rd] (or recorded) in the
	✓ TERMINATION: Effectiveness of the Financing Statement identified above is	s terminated with respect to security interest(	s) of the Secu		
1	CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.	ve with respect to security interest(s) of the	Secured Parl	y authorizing this Con	tinuation Statement is
	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	address of assignee in item 7c; and also give	name of assig	nor in item 9.	
	• • • • • • • • • • • • • • • • • • •	btor or Secured Party of record. Chec	ck only <u>one</u> of	these two boxes.	
<i>-</i>	Iso check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in it		cord name	MDD name: Come	nioto itama Za au 7h. amai at
	CHANGE name and/or address: Give current record name in item 6a or 6b; also 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 d		item 7c; also comp	plete item 7a or 7b, and al plete items 7d-7g (if applic
. (	CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME				···
	Va. ONOMILATION O NAME				
R	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	М	DDLE NAME	SUFFIX
R	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	М	DDLE NAME	SUFFIX
		FIRST NAME	М	DDLE NAME	SUFFIX
	CHANGED (NEW) OR ADDED INFORMATION:	FIRST NAME	MI	DDLE NAME	SUFFIX
		FIRST NAME	MI	DDLE NAME	SUFFIX
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. (	CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME		M	DDLE NAME	
. (	CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME	FIRST NAME	Mi A		SUFFIX
c. I	CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  CRUMPTON	FIRST NAME  CHERYL	Mi A	DDLE NAME NN TATE POSTAL COD	SUFFIX
. (C. I	CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  CRUMPTON  MAILING ADDRESS	FIRST NAME  CHERYL  CITY	Mi A	DDLE NAME NN TATE POSTAL COD	SUFFIX DE COUNTR
. (C. I	CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  CRUMPTON  MAILING ADDRESS  304 MARDIS LANE  TAX ID #: SSN OR EIN   ADD'L INFORE   7e. TYPE OF ORGANIZATION ORGANIZATION	FIRST NAME CHERYL CITY MONTEVALLO	Mi A	DDLE NAME  NN  TATE POSTAL COD  L 35115	SUFFIX DE COUNTR
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