



	VT		
OLLOW INSTRUCTIONS (front and back) CAREFULLY			
A. NAME & PHONE OF CONTACT AT FILER [optional] PATRICIA A HUNTLEY 205-226-1925			
SEND ACKNOWLEDGMENT TO: (Name and Address)			
ALABAMA POWER COMPANY			
600 NORTH 18TH STREET			
BIRMINGHAM, AL 35291			
<u></u>			
. INITIAL FINANCING STATEMENT FILE #	THE ABOVE SE	PACE IS FOR FILING OFFICE U	
1998-50418 SHELBY COUNTY		1b. This FINANCING STATEMENT AMENDMENT to be filed [for record] (or recorded) in the	
TERMINATION: Effectiveness of the Financing Statement identified above	is terminated with respect to sequeity internet(a) of the	REAL ESTATE RECORDS	
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 Secure	d Party authorizing this Continuation	n Statement is
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 0	
Also check one of the following three boxes and provide appropriate information in	· · · · · · · · · · · · · · · · · · ·	ZITE VI TRESE TWO DOXES.	
CHANGE name and/or address: Give current record name in item 6a or 6b; als name (if name change) in item 7a or 7b and/or new address (if address change	•	ne	n 7a or 7b. and also
CURRENT RECORD INFORMATION:	e) in item 7c. to be deleted in item 6a or 6b.	ne ADD name: Complete iten item 7c; also complete iten	ns 7d-7g (if applical
6a. ORGANIZATION'S NAME	·		······ <u>-</u>
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MCEWEN	FRANK	LESTER	100111X
CHANGED (NEW) OR ADDED INFORMATION:		LLSTLK	· · · · · · · · · · · · · · · · · · ·
7a. ORGANIZATION'S NAME	·····		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MCEWEN	ELLEN	\mathbf{C}	
MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
345 CHELSEA FOREST RD	COLUMBIANA	AL 35051	
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The state of the s	7f. JURISDICTION OF ORGANIZATION	I/G. ORGANIZA HONAL ID #_ if ar	1V
TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	71. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if ar	ıy ——
ORGANIZATION DEBTOR	71. JURISDICTION OF ORGANIZATION	79. ORGANIZATIONAL ID #, if ar	ny No
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ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collater. PARTY OF RECORD AUTHORIZING THIS AME adds collateral or adds the authorizing Debtor, or if this is a Termination authorized of the second support of the second support of this is a Termination authorized.	al description, or describe collateral assigned.	of) If this is an Amendment authorize	