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					: MM FILED/CERT
CC FINANCING STATEMENT AMEND	8.7 ⊑ NIT				
LOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional]					
TAME GITTONE OF CONTACT AT FILER [optional]					
SEND ACKNOWLEDGMENT TO: (Name and Address)					
ATTNI DOD NOWER COMPANY					
ATTN: ROD NOWLIN P O BOX 129					
ANNISTON AL 36201					
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		THE ABOVE	SPACE IS F	OR FILING OFFICE U	SE ONLY
VITIAL FINANCING STATEMENT FILE # FILE# 14185 3/26/2002 SHELBY COUNTY			1b. Th	is FINANCING STATEME	ENT AMENDMENT is
			II I RE	be filed [for record] (or re AL ESTATE RECORDS.	
TERMINATION: Effectiveness of the Financing Statement identified	d above is terminated wit	h respect to security interest(s) of	the Secured Pa	irty authorizing this Termin	nation Statement.
CONTINUATION: Effectiveness of the Financing Statement identication continued for the additional period provided by applicable law.	ified above with respect	to security interest(s) of the Sec	ured Party auth	orizing this Continuation	Statement is
- ',					
ASSIGNMENT (full or partial): Give name of assignee in item 7a or	t 7b and address of socie				 <u></u> -
MENDMENT (PARTY INFORMATION): This Amendment affects	Debtor <u>or</u> Se	cured Party of record. Check on			
MENDMENT (PARTY INFORMATION): This Amendment affects so check one of the following three boxes and provide appropriate inform CHANGE name and/or address: Give current record name in item 62.0	Debtor or Se	cured Party of record. Check on DELETE name: Give record r	ly <u>one</u> of these	two boxes.	7a or 7b, and also
MENDMENT (PARTY INFORMATION): This Amendment affects so check one of the following three boxes and provide appropriate inform CHANGE name and/or address: Give current record name in item 6a of name (if name change) in item 7a or 7b and/or new address (if address)	Debtor or Se	cured Party of record. Check on	ly <u>one</u> of these		7a or 7b, and also as 7d-7g (if applicable)
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ASSIGNMENT (full or partial): Give name of assignee in item 7a or MENDMENT (PARTY INFORMATION): This Amendment affects so check one of the following three boxes and provide appropriate inform CHANGE name and/or address: Give current record name in item 6a or name (if name change) in item 7a or 7b and/or new address (if address URRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME HANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME WYATT AILING ADDRESS 92 HIGHWAY 25 SOUTH AX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR	Plation in items 6 and/or 7. or 6b; also give new change) in item 7c. FIRST NAME OPHEL CITY HARPE	DELETE name: Give record reto be deleted in item 6a or 6b. IA RSVILLE	MIDDLE FRAN STATE AL	NAME ICIS POSTAL CODE 35078	SUFFIX COUNTRY USA

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AIRHANDLER MODEL# TWG036A140B SERIAL# 20741D36V

9. 1	NAME OF SECURED PARTY OF RECORD AUTHO adds collateral or adds the authorizing Debtor, or if this is a Ter	RIZING THIS AMENDMENT (name of assignor, if this is a mination authorized by a Debtor, check here and enter na	n Assignment). If this is an Amendment autome of DEBTOR authorizing this Amendm	horized by a Debtor which				
	9a. ORGANIZATION'S NAME	<u> </u>	······································					
OR	ALABAMA POWER COMPANY							
	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX				
	WILLIS	ROYCE						
10.9	OPTIONAL FILER REFERENCE DATA							