

OLLOW INSTRUCTIONS (front and back) CARE A. NAME & PHONE OF CONTACT AT FILER [opti	iona!]	
PATRICIA HUNTLEY/205-226-1925		
3. SEND ACKNOWLEDGMENT TO: (Name and A	Address)	
ALABAMA POWER COMPAN 600 NORTH 18TH STREET BIRMINGHAM, AL 35291	JY	
<u></u>		ADOVE SDACE IS EOD EII ING OFFICE HEE ONLY
a. INITIAL FINANCING STATEMENT FILE# 20020919000452530/SHELBY		ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1b. This FINANCING STATEMENT AMENDMENT to be filed [for record] (or recorded) in the
TERMINATION: Effectiveness of the Financing S	Statement identified above is terminated with respect to security inter	REAL ESTATE RECORDS. rest(s) of the Secured Party authorizing this Termination Statement.
CONTINUATION: Effectiveness of the Financin	ng Statement identified above with respect to security interest(s) of	
continued for the additional period provided by app		
ASSIGNMENT (full or partial): Give name of ass	signee in item 7a or 7b and address of assignee in item 7c; and also	give name of assignor in item 9.
AMENDMENT (PARTY INFORMATION): This A		Check only <u>one</u> of these two boxes.
Also check <u>one</u> of the following three boxes <u>and</u> provide CHANGE name and/or address: Give current record		re record name — FTT ADD name: Complete item 7a or 7b, and also
CHANGE name and/or address: Give current record name (if name change) in item 7a or 7b and/or new	address (if address change) in item 7c. to be deleted in item	
CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME		······································
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX
PONTIUS	ANDREW	l
		LEEK
CHANGED (NEW) OR ADDED INFORMATION:		LEEK
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME		LEEK
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7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME PONTIUS	FIRST NAME TARA	MIDDLE NAME SUFFIX F.
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME PONTIUS MAILING ADDRESS	FIRST NAME TARA CITY	MIDDLE NAME SUFFIX F. STATE POSTAL CODE COUNTRY
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME PONTIUS MAILING ADDRESS 5 LAKE FOREST LN	FIRST NAME TARA CITY WILSONVILLE	MIDDLE NAME F. STATE POSTAL CODE COUNTRY AL 35186
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME PONTIUS MAILING ADDRESS 5 LAKE FOREST LN	FIRST NAME TARA CITY	MIDDLE NAME SUFFIX F. STATE POSTAL CODE COUNTRY AL 35186
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME PONTIUS MAILING ADDRESS 5 LAKE FOREST LN TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPORGANIZATION DEBTOR	FIRST NAME TARA CITY WILSONVILLE PE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION	MIDDLE NAME F. STATE POSTAL CODE COUNTRY AL 35186 ON 7g. ORGANIZATIONAL ID #, if any
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