

A. NAME & PHONE OF C	ONTACT AT FIL							
PATRICIA HUNTI								
3. SEND ACKNOWLEDG	MENT TO: (Nan	me and Address)						
ALABAMA	POWER CO	MPANV						
600 NORTH				•				
BIRMINGHA								
ţ.								
<u> </u>			-	THE ABOVE S	DACE IS E	OR EU INC OFFICE US	- 014 W	
a. INITIAL FINANCING STAT	EMENT FILE #	······································	· · · · · · · · · · · · · · · · · · ·	INE ABOVE 3		OR FILING OFFICE US		
1998/15850-SHELBY					i⊓ to	to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.		
TERMINATION: Eff	ectiveness of the Fi	inancing Statement identified above i	is terminated with	respect to security interest(s) of the			tion Statement.	
. CONTINUATION: E	ffectiveness of the	Financing Statement identified abo					-	
continued for the addit	ional period provide	ed by applicable law.			•			
. ASSIGNMENT (full o	or partial): Give na	me of assignee in item 7a or 7b and	address of assign	ee in item 7c; and also give name	of assign or i	n item 9.		
		· · · · · · · · · · · · · · · · · · ·		cured Party of record. Check only	one of these	two boxes.		
		nd provide appropriate information in						
name (if name change)	in item 7a or 7b an	rent record name in item 6a or 6b; als nd/or new address (if address change	o give new i) in item 7c.	DELETE name: Give record nate to be deleted in item 6a or 6b.	me li	DD name: Complete item 7 em 7c; also complete items	7a or 7b, and also 7d-7g (if applicat	
. CURRENT RECORD INF			··········					
6a. ORGANIZATION'S N	AME							
R 6b. INDIVIDUAL'S LAST NAME		FIRST NAME		LAUDDU	- NIA NACT			
NETTLES			ALAN		NAME	SUFFIX		
		TION:						
7a. ORGANIZATION'S N		ΓΙΟΝ:						
7a. ORGANIZATION'S N	AME	ΓΙΟΝ:	FIRST NAME		MIDDLE	E NAME	SUFFIX	
7a. ORGANIZATION'S N	AME	ΓΙΟΝ:	FIRST NAME		MIDDLE	NAME	SUFFIX	
7a. ORGANIZATION'S N R 7b. INDIVIDUAL'S LAST	AME	FION:	FIRST NAME					
\P	AME	TION:	CITY		STATE	POSTAL CODE	SUFFIX	
7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST c. MAILING ADDRESS	NAME ADD'L INFO RE	7e. TYPE OF ORGANIZATION	CITY HELENA		STATE	POSTAL CODE 35080	COUNTRY	
7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST 2. MAILING ADDRESS 2030 HWY 13	NAME ADD'L INFO RE ORGANIZATION	7e. TYPE OF ORGANIZATION	CITY HELENA		STATE	POSTAL CODE	COUNTRY	
7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST 2. MAILING ADDRESS 2030 HWY 13 3. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	CITY HELENA		STATE	POSTAL CODE 35080	COUNTRY	
7a. ORGANIZATION'S N R 7b. INDIVIDUAL'S LAST C. MAILING ADDRESS O30 HWY 13 I. TAX ID #: SSN OR EIN AMENDMENT (COLLA	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION E): check only one box.	CITY HELENA	TION OF ORGANIZATION	STATE AL 7g. ORG	POSTAL CODE 35080	COUNTRY	
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7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST 30. MAILING ADDRESS 1030 HWY 13 1. TAX ID #: SSN OR EIN AMENDMENT (COLLA Describe collateral dela	ADD'L INFO RE ORGANIZATION DEBTOR TERAL CHANGI eted or added,	7e. TYPE OF ORGANIZATION E): check only one box. or give entire restated collater.	HELENA 7f. JURISDICT al description, or	TION OF ORGANIZATION describe collateral assigned	STATE AL 7g. ORG	POSTAL CODE 35080 SANIZATIONAL ID #, if any	COUNTRY	
7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST 2. MAILING ADDRESS 7030 HWY 13 3. TAX ID #: SSN OR EIN AMENDMENT (COLLA Describe collateral dele NAME OF SECURED I	ADD'L INFO RE ORGANIZATION DEBTOR TERAL CHANGI added,	7e. TYPE OF ORGANIZATION E): check only one box. or give entire restated collater.	HELENA 7f. JURISDICT al description, or ENDMENT (name)	TION OF ORGANIZATION describe collateral assigned assigned of assignor, if this is an Assignm	ent). If this i	POSTAL CODE 35080 GANIZATIONAL ID #, if any	COUNTRY	
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