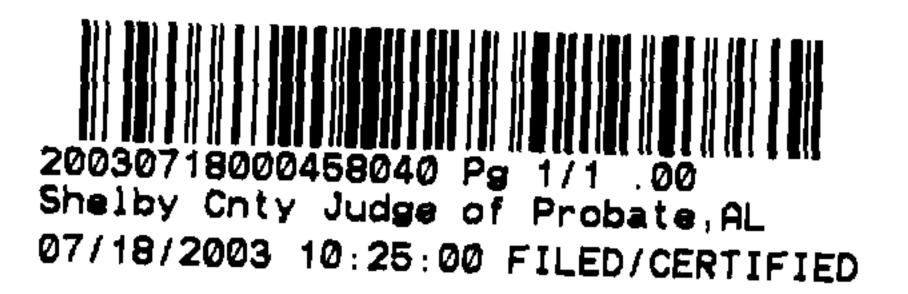
UCC FINANCING STATEMEN	IT.			
FOLLOW INSTRUCTIONS (front and back) CA				



						-COYOCK   IF IEI
UCC FINANCING	STATEMENTAMENDMEN	iT				
الاستناز بسناز بسطر بسائن بسناو ببستال وبسنا	(front and back) CAREFULLY					
A. NAME & PHONE OF CO CLIFF BARGER	ONTACT AT FILER [optional]					
	MENT TO: (Name and Address)					
<b></b>	,					
	POWER COMPANY	<b>}</b>				
	18TH STREET					
BIKMINGHA	M, AL. 35291		•			
•						
<u></u>						
4- INITIAL CINIANICINIC CTAT	CLACKIT CII C #		THE ABOVE SPA		OR FILING OFFICE USE S FINANCING STATEMENT	والمراز والمراز المراز المراز المراز المراز المراز
1a. INITIAL FINANCING STAT 2001-15810 SHE				to t	pe filed [for record] (or record	
	ectiveness of the Financing Statement identified above is	s terminated with respect to	security interest(s) of the S	مسيده الكينتانية	AL ESTATE RECORDS.  rty authorizing this Termination	on Statement.
	ffectiveness of the Financing Statement identified abo					<del></del>
	onal period provided by applicable law.	•	•	•		
4. ASSIGNMENT (full o	r partial): Give name of assignee in item 7a or 7b and a	address of assignee in item	η 7c; and also give name of ε	assignor in	item 9.	
5. AMENDMENT (PARTY	INFORMATION): This Amendment affects De	btor <u>or</u> Secured Part	ty of record. Check only <u>one</u>	of these	two boxes.	
	ing three boxes <u>and</u> provide appropriate information in i		FF O'	<b>—</b> 7	35	~
name (if name change)	address: Give current record name in item 6a or 6b; also in item 7a or 7b and/or new address (if address change	) in item 7c. to be c	TE name: Give record name deleted in item 6a or 6b.	ite	DD name: Complete item 7a m 7c; also complete items 7	or 7b, and also d-7g (if applicable)
6. CURRENT RECORD INF		<u></u>				<del>,</del>
Oa. ORGANIZATION SIN	WIAIT.					
OR 66. INDIVIDUAL'S LAST	NAME	FIRST NAME		MIDDLE	NAME	SUFFIX
VIDRINE		EDWIN		C.		
7. CHANGED (NEW) OR A	DED INFORMATION:					<u></u>
7a. ORGANIZATION'S N.	AME			<u>.</u>		
OR		······································				
76. INDIVIDUAL'S LAST	NAME	FIRST NAME		MIDDLE NAME		SUFFIX
VIDRINE	<u>-</u>	DANA	·	H.	IDOSTAL CODE	COUNTRY
7c. mailing address 1491 HIGHWAY 10	)7	MONTEVALL	$\circ$	STATE	POSTAL CODE	COUNTRY
7d. TAX ID #: SSN OR EIN	ADD'L INFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF		<u></u>	ANIZATIONAL ID #, if any	
	ORGANIZATION DEBTOR					
8 AMENDMENT (COLLA	TERAL CHANGE): check only one box.					NON
·	eted or added, or give entire restated collater	al description, or describe	e collateral assigned.			
<b>———</b>		•				
	PARTY of RECORD AUTHORIZING THIS AM					by a Debtor which
	authorizing Debtor, or if this is a Termination authorized	by a Debtor, check here	and enter name of DEB	OR author	orizing this Amendment.	
9a. ORGANIZATION'S N. ALABAMA POV						
OR 9b. INDIVIDUAL'S LAST		FIRST NAME	<del></del>	MIDDLE	NAME	SUFFIX
10, OPTIONAL FILER REFERE	NCE DATA		<u> </u>	<u> </u>		<u>,                                    </u>
والمراجع المراجع والمرجع						