A. NAME & PHONE OF C. C. BARGER 205 B. SEND ACKNOWLEDG  ALABAMA 4S-1135 600 NORTH	G STATEMENT AMENDME S (front and back) CAREFULLY CONTACT AT FILER [optional] 5-226-1925 SMENT TO: (Name and Address) POWER COMPANY 18TH STREET AM, AL 35203		- me - thu - Cmts/	698980 Pg 1/1. Judge of Proba 11:02:00 FILED/	( Company of the comp
		THE ABOVE	20 4 6 E 16 E 6 E 6 E		
a. INITIAL FINANCING STAT 1999-30888 - SHI		I ME ABOVE :	1b. This FIN	ANCING STATEMENT And If or records STATE RECORDS.	AMENDMENT is
	fectiveness of the Financing Statement identified above		he Secured Party a	uthorizing this Termination	
	Effectiveness of the Financing Statement identified ab tional period provided by applicable law.	ove with respect to security interest(s) of the Secu	red Party authorizi	ng this Continuation Stat	ement 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	e of assignor in item	9.	
Also check one of the follow	wing three boxes <u>and</u> provide appropriate information in address: Give current record name in item 6a or 6b; all in item 7a or 7b and/or new address (if address changes FORMATION:	so give new   Find DELETE name: Give record n	ame [""] ADD n	ame: Complete item 7a d	or 7b, and also l-7g (if applicable
R 6b. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE NAM	1E	SUFFIX
DODD		JENNIFER	A.		
7a. ORGANIZATION'S N	IAME	FIRST NAME	MIDDLE NAN	1E	SUFFIX
7a. ORGANIZATION'S N  R  7b. INDIVIDUAL'S LAST  DODD	IAME	WILLIAM	M.		
7a. ORGANIZATION'S N  7b. INDIVIDUAL'S LAST  DODD  c. MAILING ADDRESS	NAME	WILLIAM	M. STATE PO	STAL CODE	SUFFIX
7a. ORGANIZATION'S N 7b. INDIVIDUAL'S LAST DODD c. MAILING ADDRESS 100 PEBBLE DRIV	NAME  TE  ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION	WILLIAM	M. STATE PO		
7a. ORGANIZATION'S NOR TO. INDIVIDUAL'S LAST DODD  c. MAILING ADDRESS  1.00 PEBBLE DRIV  d. TAX ID #: SSN OR EIN  AMENDMENT (COLLA	NAME  TE  ADD'L INFO RE   7e. TYPE OF ORGANIZATION	WILLIAM CITY ALABASTER 7f. JURISDICTION OF ORGANIZATION	M. STATE PC AL 3:	STAL CODE	COUNTRY
DODD  C. MAILING ADDRESS  100 PEBBLE DRIV  d. TAX ID #: SSN OR EIN  Describe collateral del	NAME  TE  ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  ATERAL CHANGE): check only one box.  leted or added, or give entire restated collate	WILLIAM  CITY ALABASTER  7f. JURISDICTION OF ORGANIZATION  eral description, or describe collateral assigned	M. STATE PC AL 3: 7g. ORGANIZ	STAL CODE 5007 ZATIONAL ID #, if any	COUNTRY
7a. ORGANIZATION'S NOT TO THE PROPERTY OF SECURED adds collateral or adds the appropriate of the part	NAME  TE  ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  ATERAL CHANGE): check only one box.  leted or added, or give entire restated collate  PARTY OF RECORD AUTHORIZING THIS AM authorizing Debtor, or if this is a Termination authorized AME	WILLIAM  CITY ALABASTER  7f. JURISDICTION OF ORGANIZATION  eral description, or describe collateral assigned  MENDMENT (name of assignor, if this is an Assign	M. STATE PC AL 3: 7g. ORGANIZ  ad.	STAL CODE 5007 ATIONAL ID #, if any	COUNTRY
7a. ORGANIZATION'S NOT TOUR TOUR TOUR TOUR TOUR TOUR TOUR TO	NAME  TE  ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  ATERAL CHANGE): check only one box.  Ieted or   added, or give entire   restated collate  PARTY OF RECORD AUTHORIZING THIS AM authorizing Debtor, or if this is a Termination authorized AME  WER COMPANY	WILLIAM  CITY ALABASTER  7f. JURISDICTION OF ORGANIZATION  eral description, or describe collateral assigned  MENDMENT (name of assignor, if this is an Assign	M. STATE PC AL 3: 7g. ORGANIZ  ad.	STAL CODE 5007 ZATIONAL ID #, if any g this Amendment.	COUNTRY