NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 07/29/%)

IMPORTANT — READ INSTRUCTIONS ON BACK BEFORE FILLING OUT FORM — DO NOT DETACH STUB

		20031110000743280 Pg 1 Shelby Cnty Judge of P 11/10/2003 08:00:00 = I	7 1 . 00
UCC FINANCING STATEMENT AMENDMENT			
FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)			
Alagasco			
1a. INITIAL FINANCING STATEMENT FILE#		1b. This FINANCING STATEMENT	AMENDMENT is
2 N TERMINATION: Effectiveness of the Financing Statement identified above is		to be filed [for record] (or record) REAL ESTATE RECORDS. Secure Party authorizing this Termin vio	
2. X TERMINATION: Effectiveness of the Financing Statement identified above is to a CONTINUATION: Effectiveness of the Financing Statement identified above			
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and ad	Idraes of assigned in item 7c: and also give name of	assignor in item 9	· "
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debt			
Also check one of the following three boxes and provide appropriate information in ite CHANGE name and/or address: Give current record name in item 6a or 6b; also name (if name change) in item 7a or 7b and/or new address (if address change) in CURRENT RECORD INFORMATION:	give new DELETE name: Give record name	ADD name: Complete item 7a of item 7c; also complete items 7d	or 7b, and also -7g (if applicable).
6a. ORGANIZATION'S NAME			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME MIXO	MIDDLE NAME	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			
OR		<u></u>	
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS 7d. TAX ID #: SSN OR FIN. ADD'L INFO RE 7e TYPE OF ORGANIZATION	Helena	STATE POSTAL CODE 35080	COUNTRY
7d TAX ÎD # SSN OR FIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ÖRGANIZÄTIÖNAL ID #, if any	NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral	description, or describe collateral assigned.		INCIAL
 NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMEI adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by 			y a Debtor which
9a. ORGANIZATION'S NAME MOCOCO			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA		<u> </u>	
(U. OF HORAL FILLIN INCIDENCE DATA			,