

## LICC EINIANCING STATEMENT AMENINMEN

UCC FINANCING STATEMENT AMEND	MENT			
A. NAME & PHONE OF CONTACT AT FILER [optional]				
C.C. BARGER/205-226-1925  B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
ALABAMA POWER COMPANY 600 NORTH 18TH STREET BIRMINGHAM, AL 35291	, <u>*</u>			
	THE A	BOVE SPACE IS FO	R FILING OFFICE US	EONLY
1a. INITIAL FINANCING STATEMENT FILE # 20030918000627530/SHELBY		to be	FINANCING STATEMEN e filed [for record] (or rec	
2. TERMINATION: Effectiveness of the Financing Statement identification	ied above is terminated with respect to security inter		L ESTATE RECORDS.  Iv authorizing this Termina	ation Statement.
3. CONTINUATION: Effectiveness of the Financing Statement ide continued for the additional period provided by applicable law.		<u></u>		
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a	or 7b and address of assignee in item 7c; and also	give name of assignor in i	tem 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affect		Check only <u>one</u> of these t	wo boxes.	
Also check one of the following three boxes and provide appropriate info		e record name	D name: Complete item 7	7a or 7b. and also
CHANGE name and/or address: Give current record name in item 6st name (if name change) in item 7a or 7b and/or new address (if address CURRENT RECORD INFORMATION:	ess change) in item 7c to be deleted in item	6a or 6biter	n 7c; also complete items	7d-7g (if applicable).
6a. ORGANIZATION'S NAME				
OR 6b. INDIVIDUAL'S LAST NAME	TEIDOT MANE	MIDDLE NAME SUFFIX		
HUGGINS	FIRST NAME EDDIE	T MIDDLE I	MIDDLE NAME SUFI	
7. CHANGED (NEW) OR ADDED INFORMATION:		1	<del></del>	
7a. ORGANIZATION'S NAME		· · · · · · · · · · · · · · · · · · ·		
OR Th. INDIVIDUALIS LACT MANAGE	ISIDET NAME	AAIDD) E	LIABAT"	LOUISIN
76. INDIVIDUAL'S LAST NAME HUGGINS	FIRST NAME  CORA	P.	NAME	SUFFIX
7c. MAILING ADDRESS	CITY		POSTAL CODE	COUNTRY
481 EL CAMINO REAL	CHELSEA	AL	35043	
7d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	ATION 7f. JURISDICTION OF ORGANIZATIO	ON 7g. ORGA	NIZATIONAL ID #, if any	
DEBTOR		<u></u>		NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restated.	ed collateral description, or describe collateral	assigned.		
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING adds collateral or adds the authorizing Debtor, or if this is a Termination				d by a Debtor which
9a. ORGANIZATION'S NAME	······································	<del></del>	· · · · · · · · · · · · · · · · · · ·	······································
ALABAMA POWER COMPANY  9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	VAME	SUFFIX
				SUPPIX
10. OPTIONAL FILER REFERENCE DATA				