

OLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]					
C.C. BARGER/205-226-1925					
. SEND ACKNOWLEDGMENT TO: (Name and Address)					
ALABAMA POWER COMPANY 600 NORTH 18TH STREET BIRMINGHAM, AL 35291					
	THE ABO			FILING OFFICE U	
a. INITIAL FINANCING STATEMENT FILE # $2001 ext{}05615/SHELBY$			1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the		
TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the S			REAL ESTATE RECORDS. ecured Party authorizing this Termination Statement.		
CONTINUATION: Effectiveness of the Financing Statement id		·			<u></u>
continued for the additional period provided by applicable law.			·		
. ASSIGNMENT (full or partial): Give name of assignee in item 7					
AMENDMENT (PARTY INFORMATION): This Amendment afford the Also check one of the following three boxes and provide appropriate informations and provide appropriate informations and provide appropriate informations.	insul insul	k only <u>one</u> of	hese tw	o boxes.	
CHANGE name and/or address: Give current record name in item (6a or 6b; also give new T DELETE name: Give rec	_	T ADD	name: Complete item	n 7a or 7b, and also
name (if name change) in item 7a or 7b and/or new address (if add. CURRENT RECORD INFORMATION:	ress change) in item 7c to be deleted in item 6a o	r 6b.	item	7c; also complete iten	ns 7d-7g (if applica
6a. ORGANIZATION'S NAME		<u>.</u>			
R Ch INDIVIDUALIS LAST MANE	···				····
OD. HADIVIDUAL S LAST NAME	FIRST NAME		IDDLE NAME		SUFFIX
EVANS	GREGORY	W	W.		
. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	<u></u>			<u> </u>	
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MI	MIDDLE NAME		SUFFIX
EVANS	JULIE	J.			
. MAILING ADDRESS	CITY	1	i	POSTAL CODE	COUNTRY
486 SECRETARIAT DR	HELENA	A		35080	
I. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	ZATION 7f. JURISDICTION OF ORGANIZATION	7g.	ORGAI	NIZATIONAL ID #, if a	· —
DEBTOR DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.			··		l N
Describe collateral deleted or added, or give entire resta	ated collateral description, or describe collateral as	signed.			
adds collateral or adds the authorizing Debtor, or if this is a Termination 9a. ORGANIZATION'S NAME	S THIS AMENDMENT (name of assignor, if this is an An authorized by a Debtor, check here and enter name	ssignment). If	this is a	in Amendment authoriz zing this Amendment.	ed by a Debtor whi
	THIS AMENDMENT (name of assignor, if this is an An authorized by a Debtor, check here and enter name	of DEBTOR	this is a authoriz	zing this Amendment.	ed by a Debtor whi