



	LLOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional]			
	eth H. Hyde (205) 992-5992			
В.	SEND ACKNOWLEDGMENT TO: (Name and Address)			
	Southern Nuclear Operating Company, Inc. Attn: Jennifer Burke, Bin B027 P.O. Box 1295 Birmingham, AL 35201			
				-
1a.	INITIAL FINANCING STATEMENT FILE #	THE ABOVE SE	1b. This FINANCING STATEME to be filed [for record] (or record)	NT AMENDMENT
2.	✓ TERMINATION: Effectiveness of the Financing Statement identified above	is leminated with respect to security interest(s) of the	REAL ESTATE RECORDS. Secured Party authorizing this Termin	ation Statement.
3.	CONTINUATION: Effectiveness of the Financing Statement identified ab-	ove with respect to security interest(s) of the Secure	ed Party authorizing this Continuation	
4.	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and			· · · · · · · · · · · · · · · · · · ·
	AMENDMENT (PARTY INFORMATION): This Amendment affectsDe Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in	ebtor or Secured Party of record. Check only solitems 6 and/or 7.	one of these two boxes.	
	CHANGE name and/or address: Give current record name in item 6a or 6b; als	so give new DELETE name: Give record nar		7a or 7b, and also
ô. (name (if name change) in item 7a or 7b and/or new address (if address change CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME	e) in item 7c. Lo be deleted in item 6a or 6b.	item 7c; also complete items	s /d-/g (if applical
OR				
OK	OD. INDIVIDUAL S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	Speegle	Vanda	L.	
7. (DR	CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			
.	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7c.	MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
7d.	TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	y NO
8. /	AMENDMENT (COLLATERAL CHANGE): check only one box.			
	Describe collateral deleted or added, or give entire restated collate	eral description, or describe collateralassigned.		
а	NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMadds collateral or adds the authorizing Debtor, or if this is a Termination authorized 9a. ORGANIZATION'S NAME			d by a Debtor whi
a NR	adds collateral or adds the authorizing Debtor, or if this is a Termination authorized 9a. ORGANIZATION'S NAME Southern Nuclear Operating Company, Inc.	d by a Debtor, check here and enter name of DEI	STOR authorizing this Amendment.	
a NR	9a. ORGANIZATION'S NAME Southern Nuclear Operating Company, Inc.			d by a Debtor whi