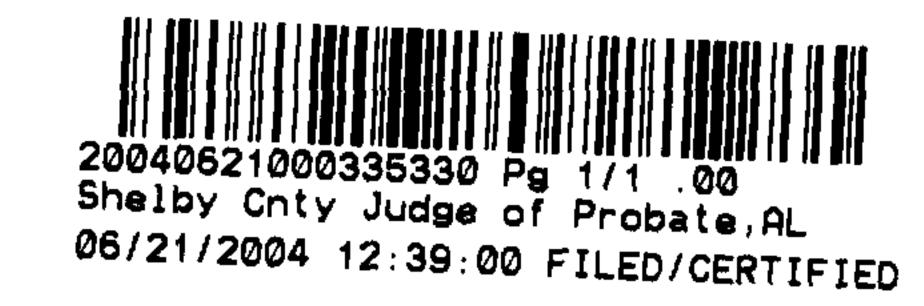
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OLLOW INSTRUCTIONS (front and back) CAREFULLY				
. NAME & PHONE OF CONTACT AT FILER [optional]				
C.C. BARGER/205-226-1401				
SEND ACKNOWLEDGMENT TO: (Name and Address)				
ALABAMA POWER COMPANY				
600 NORTH 18TH STREET				
BIRMINGHAM, AL 35291				
1911(1)(111 (
INITIAL FINIANCING STATEMENT EILE #	THE AE		R FILING OFFICE US	
INITIAL FINANCING STATEMENT FILE # 2001-33943/SHELBY		to be	filed (for record) (or reco	
TERMINATION: Effectiveness of the Financing Statement ide	entified above is terminated with respect to security interes		L ESTATE RECORDS.	tion Statement
				·
CONTINUATION: Effectiveness of the Financing Statement continued for the additional period provided by applicable law.	•	ne Secured Party author	izing this Continuation S	tatement is
ASSIGNMENT (full or partial): Give name of assignee in item	7a or 7b and address of assignee in item 7c; and also gi	ve name of assignor in it	em 9.	· **********************************
AMENDMENT (PARTY INFORMATION): This Amendment a				" "
Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate		IOCK ONLY <u>OND</u> OF MIOSE IN	TU DUX U S.	
CHANGE name and/or address: Give current record name in iter name (if name change) in item 7a or 7b and/or new address (if a		record name ADD	name: Complete item 7	a or 7b, and als
	ddress change) in item 7c to be deleted in item 6	a or 6b. litem	7c; also complete items	7d-7g (if applic
CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME		<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE N	MIDDLE NAME	
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7a. ORGANIZATION'S NAME				
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7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME FIELDS	FIRST NAME CAROL CITY			
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME FIELDS MAILING ADDRESS	CAROL	STATE	POSTAL CODE	
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME FIELDS MAILING ADDRESS 77 SHADES CREST RD	CAROL CITY BESSEMER	STATE	POSTAL CODE 35022	COUNTR
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME FIELDS MAILING ADDRESS 77 SHADES CREST RD TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION	CAROL CITY BESSEMER	STATE	POSTAL CODE	COUNTR
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75. INDIVIDUAL'S LAST NAME FIELDS MAILING ADDRESS 677 SHADES CREST RD TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGAL ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one book collateral deleted or added, or give entire re	CAROL CITY BESSEMER OX. estated collateral description, or describe collateral	STATE AL 7g. ORGA	POSTAL CODE 35022 NIZATIONAL ID #, if any	COUNTR
75. INDIVIDUAL'S LAST NAME FIELDS MAILING ADDRESS 77 SHADES CREST RD TAX ID #: SSN OR EIN ADD'L INFO RE 76. TYPE OF ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one book of the collateral deleted or added, or give entire recommendation recommen	CAROL CITY BESSEMER 7f. JURISDICTION OF ORGANIZATION DX. Pestated collateral description, or describe collateral NG THIS AMENDMENT (name of assignor, if this is an	STATE AL 7g. ORGA assigned.	POSTAL CODE 35022 NIZATIONAL ID #, if any an Amendment authorized	COUNTR
75. INDIVIDUAL'S LAST NAME FIELDS MAILING ADDRESS 77 SHADES CREST RD TAX ID #: SSN OR EIN ADD'L INFO RE 76. TYPE OF ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one book of the collateral deleted or added, or give entire recommendation recommen	CAROL CITY BESSEMER 7f. JURISDICTION OF ORGANIZATION DX. Pestated collateral description, or describe collateral NG THIS AMENDMENT (name of assignor, if this is an	STATE AL 7g. ORGA assigned.	POSTAL CODE 35022 NIZATIONAL ID #, if any an Amendment authorized	COUNTR
The individual's last name FIELDS MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGAT ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one both Describe collateral deleted or added, or give entire re NAME OF SECURED PARTY OF RECORD AUTHORIZINg adds collateral or adds the authorizing Debtor, or if this is a Terminate 9a. ORGANIZATION'S NAME ALABAMA POWER COMPANY	CAROL CITY BESSEMER 7f. JURISDICTION OF ORGANIZATION DX. Pestated collateral description, or describe collateral NG THIS AMENDMENT (name of assignor, if this is an	STATE AL 7g. ORGA assigned.	POSTAL CODE 35022 NIZATIONAL ID #, if any an Amendment authorized	COUNTRY
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME FIELDS MAILING ADDRESS 377 SHADES CREST RD TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one body one collateral deleted or added, or give entire reduced by the collateral redu	CAROL CITY BESSEMER 7f. JURISDICTION OF ORGANIZATION DX. Pestated collateral description, or describe collateral NG THIS AMENDMENT (name of assignor, if this is an	STATE AL 7g. ORGA assigned.	POSTAL CODE 35022 NIZATIONAL ID #, if any zing this Amendment.	COUNTR