


LLOW INSTRUCTIONS (front and back) CAREFULLY				
NAME & PHONE OF CONTACT AT FILER [optional] RUFFIN/205-226-1902				
SEND ACKNOWLEDGMENT TO: (Name and Address)				
IALABAMA POWER COMPANY				
600 NORTH 18TH STREET BIRMINGHAM, AL 35219				
DIKWIINGITAWI, AL 33217				
				- 0141 V
	THE ABOVE SPA		OR FILING OFFICE USE	
. INITIAL FINANCING STATEMENT FILE # 20040309000120310/SHELBY		r to	be filed [for record] (or reco	
TERMINATION: Effectiveness of the Financing Statement identified above is	is terminated with respect to security interest(s) of the S		EAL ESTATE RECORDS. arty authorizing this Terminal	ion Statement.
CONTINUATION: Effectiveness of the Financing Statement identified above				
continued for the additional period provided by applicable law.	With respect to security interest(s) or the occaroa	Tarry au	monital grand Committee of	
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	address of assignee in item 7c; and also give name of	assignor i	n item 9.	
AMENDMENT (PARTY INFORMATION): This Amendment affects Del				··········
Also check one of the following three boxes and provide appropriate information in it	•			
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)	so give new DELETE name: Give record name		ADD name: Complete item 7 tem 7c; also complete items	a or 7b, and also
CURRENT RECORD INFORMATION:	THE REFIT PC. L. TO DE GETEROU III REFIT OU OF OD.		tom ro, also complete komo	ra rg (n applica
6a. ORGANIZATION'S NAME				
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX		SUFFIX
PETRAS	ANDREA	J.		
CHANGED (NEW) OR ADDED INFORMATION:				
7a. ORGANIZATION'S NAME				
R	Terese	Luce	- 11111-	SUFFIX
7b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	
	CITY	OTATE IDOCTAL CODE		COUNTR
: MAILING ADDRESS	MONTEVALLO	AL	POSTAL CODE 35115	
01 MEADOWLARK PLACE ADD'L INFO RE 76. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION		GANIZATIONAL ID #, if any	
ORGANIZATION '	71. JORISDICTION OF CHARACTER	, g. O.		
DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.				1
Describe collateral deleted or added, or give entire restated collater				
NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AM adds collateral or adds the authorizing Debtor, or if this is a Termination authorized 9a. ORGANIZATION'S NAME				by a Debtor wh
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized 9a. ORGANIZATION'S NAME ALABAMA POWER COMPANY	by a Debtor, check here and enter name of DEE	STOR aut	horizing this Amendment.	
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized 9a. ORGANIZATION'S NAME ALABAMA POWER COMPANY		STOR aut		by a Debtor wh