


CC FINANCING STATEMENTAMENDING CAREELLLY	MENT		
NAME & PHONE OF CONTACT AT FILER [optional]			
SEND ACKNOWLEDGMENT TO: (Name and Address)			
Alabama Power Company			
Attn: Rod Nowlin			
P O Box 129			
Anniston, AL 36202			
	THE AB	OVE SPACE IS FOR FILING OFFIC	·
INITIAL FINANCING STATEMENT FILE # 2001-52587 dated 1	2/14/01	1b. This FINANCING STAT to be filed [for record] (REAL ESTATE RECO	(or recorded) in the
TERMINATION: Effectiveness of the Financing Statement identified	d above is terminated with respect to security interes	t(s) of the Secured Party authorizing this T	Termination Statement.
CONTINUATION: Effectiveness of the Financing Statement identication continued for the additional period provided by applicable law.			
ASSIGNMENT (full or partial): Give name of assignee in item 7a o	or 7b and address of assignee in item 7c; and also give	ve name of assignor in item 9.	
AMENDMENT (PARTY INFORMATION): This Amendment affects		eck only <u>one</u> of these two boxes.	
Also check one of the following three boxes and provide appropriate inform		ecord name I''' ADD name: Complete	e item 7a or 7b, and also
CHANGE name and/or address: Give current record name in item 6a name (if name change) in item 7a or 7b and/or new address (if address	ss change) in item 7c. to be deleted in item 6a		e items 7d-7g (if applicab
CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
6b. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Carmichael	FIRST NAME Phillip	MIDDLE NAME Mark	SUFFIX
6b. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Carmichael MAILING ADDRESS	FIRST NAME Phillip CITY	MIDDLE NAME Mark STATE POSTAL CODE	SUFFIX
6b. INDIVIDUAL'S LAST NAME CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Carmichael MAILING ADDRESS 34 Dixie Ln	FIRST NAME Phillip CITY Vincent	MIDDLE NAME Mark STATE POSTAL CODE AL 35178	SUFFIX COUNTRY USA
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Carmichael MAILING ADDRESS 34 Dixie Ln L TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR	FIRST NAME Phillip CITY Vincent	MIDDLE NAME Mark STATE POSTAL CODE AL 35178	SUFFIX COUNTRY USA #, if any
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Carmichael MAILING ADDRESS 34 Dixie Ln I. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ADD'L INFO RE 7e. TYPE OF ORGANIZATION ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION	FIRST NAME Phillip CITY Vincent TION 7f. JURISDICTION OF ORGANIZATION	MIDDLE NAME Mark STATE POSTAL CODE AL 35178 N 7g. ORGANIZATIONAL ID	SUFFIX COUNTRY USA #, if any
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Carmichael MAILING ADDRESS 34 Dixie Ln TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restate (1) 3 ton Amana Heatpump model # PHB36C02E	FIRST NAME Phillip CITY Vincent ATION 7f. JURISDICTION OF ORGANIZATION ed collateral description, or describe collateral THIS AMENDMENT (name of assignor, if this is all	MIDDLE NAME Mark STATE POSTAL CODE AL 35178 N 7g. ORGANIZATIONAL ID: assigned.	SUFFIX COUNTRY USA #, if any