


4. NAME & PHONE OF CONTACT AT FILER [optional]					
3. SEND ACKNOWLEDGMENT TO: (Name and Address)					
I ALABAMA POWER COMPANY ATTN: ROD NOWLIN					
P O BOX 129					
ANNISTON, AL 36202					
	THE	ABOVE SPACE IS FO	R FILING OFFICE US		
a. INITIAL FINANCING STATEMENT FILE # 20020530000255660	DATED 05/30/2002		e filed [for record] (or record).		
TERMINATION: Effectiveness of the Financing Statement identified	d above is terminated with respect to security int				
. CONTINUATION: Effectiveness of the Financing Statement ident	tified above with respect to security interest(s)	of the Secured Party author	orizing this Continuation S	Statement is	
continued for the additional period provided by applicable law.					
. ASSIGNMENT (full or partial): Give name of assignee in item 7a o					
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Also check one of the following three boxes and provide appropriate inform	البسية البسية	Check only <u>one</u> of these t	wo boxes.		
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		ive record name AD	D name: Complete item	7a or 7b, and also	
. CURRENT RECORD INFORMATION:	s change) in item 7c to be deleted in ite	m oa or ob.	n 70, also complete items	ru-ry (II appiicas	
6a. ORGANIZATION'S NAME					
)R			IMIDDLE NAME SUFFIX		
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDULE	NAIVIE	SUFFIX	
7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME	IFIRST NAME	MIDDLE	NAME	SUFFIX	
TUTOR	RICHARD	A			
	CITY	STATE	POSTAL CODE	COUNTRY	
c. MAILING ADDRESS)	l	
c. MAILING ADDRESS 4842 HIGHWAY 83	VINCENT	AL	35178	USA	
4842 HIGHWAY 83	VINCENT		35178 ANIZATIONAL ID #, if any	· · · · · · · · · · · · · · · · · · ·	
4842 HIGHWAY 83 d. TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR B. AMENDMENT (COLLATERAL CHANGE): check only one box.	TION 7f. JURISDICTION OF ORGANIZA	TION 7g. ORG		, , , , , , , , , , , , , , , , , , ,	
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