



A. NAME & PHONE OF CONTACT AT FILER [optional] J.D. RUFFIN/205.226.1902 B. SEND ACKNO WLEDGMENT TO: (Name and Address) ALABAMA POWER COMPANY 600 NORTH 18TH STREET BIRMINGHAM, AL 35291	THE ABOVE SPACE		
A. NAME & PHONE OF CONTACT AT FILER [optional] J.D. RUFFIN/205.226.1902 B. SEND ACKNO WLEDGMENT TO: (Name and Address) ALABAMA POWER COMPANY 600 NORTH 18TH STREET BIRMINGHAM, AL 35291 a. INITIAL FINANCING STATEMENT FILE #	THE ABOVE SPACE		
A. NAME & PHONE OF CONTACT AT FILER [optional] J.D. RUFFIN/205.226.1902 B. SEND ACKNO NLEDGMENT TO: (Name and Address) ALABAMA POWER COMPANY 600 NORTH 18TH STREET BIRMINGHAM, AL 35291	THE ABOVE SPACE		
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BIRMINGHAM, AL 35291 L a. INITIAL FINANCING STATEMENT FILE #	THE ABOVE SPACE		
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	1	E IS FOR FILING OFFICE US	SE ONLY
2000 AC 100/CHIET DV		1b. This FINANCING STATEME	NT AMENDMENT is
2000-45298/SHELBY		to be filed [for record] (or record). REAL ESTATE RECORDS.	corded) in the
TERMINATION: Effectiveness of the Financing Statement identified above is termin	nated with respect to security interest(s) of the Se		
CONTINUATION: Effectiveness of the Financing Statement identified above with	respect to security interest(s) of the Secured F	arty authorizing this Continuation	Statement is
continued for the additional period provided by applicable law.			
ASSIGNMEINT (full or partial): Give name of assignee in item 7a or 7b and address	of assignee in item 7c; and also give name of a	ssignor in item 9.	
. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor o	Secured Party of record. Check only one	of these two boxes.	
Also check one of the following three boxes and provide appropriate information in items 6	and/or 7.		
CHANGE name and/or address: Give current record name in item 6a or 6b; also give name (if name change) in item 7a or 7b and/or new address (if address change) in item	DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete item item 7c; also complete items	7a or 7b, and also s 7d-7g (if applicable
CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME	······································		······································
6b. INDIVIDUAL S LAST NAME	ST NAME	MIDDLE NAME	SUFFIX
ESTELL	ALLACE	J.	JR.
	ST NAME IMBERLY	MIDDLE NAME	SUFFIX
c. MAILING ADDRESS CITY		STATE POSTAL CODE	COUNTRY
	' AYLENE	AL 35114	COONTR
		7g. ORGANIZATIONAL ID #, if any	
ORGANIZATION 71.3	CRISDICTION OF ORGANIZATION	TY. ORGANIZATIONAL ID #, II any	y ,
DEBTOR			NOI