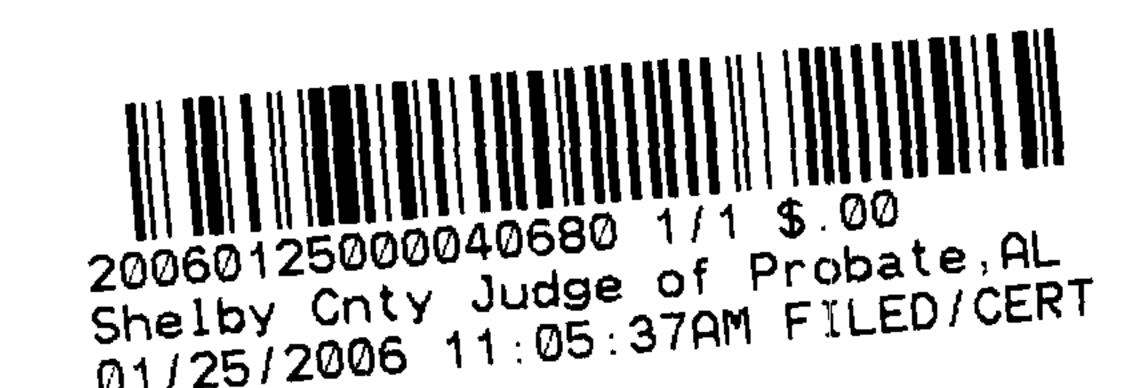
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CC FINANCING STATEMENT AMENDME	ENT		
DLLOW INSTRUCTIONS (front and back) CAREFULLY			
. NAME & PHONE OF CONTACT AT FILER [optional] . RUFFIN/205.226.1902			
SEND ACKNOWLEDGMENT TO: (Name and Address)			
ALABAMA POWER COMPANY			
600 NORTH 18TH STREET			
BIRMINGHAM, AL 35291			
	THE ABOVE S	PACE IS FOR FILING	OFFICE LISE ONLY
. INITIAL FINANCING STATEMENT FILE #	INEABOVES	1b. This FINANCIN	G STATEMENT AMENDMENT is
1996-15157/SHELBY		to be filed [for r	record) (or recorded) in the RECORDS.
✓ TERMINATION: Effectiveness of the Financing Statement identified about	ove is terminated with respect to security interest(s) of the		
CONTINUATION: Effectiveness of the Financing Statement identified			
continued for the additional period provided by applicable law.			
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b	and address of assignee in item 7c; and also give name	of assignor in item 9.	
AMENDMENT (PARTY INFORMATION): This Amendment affects	Debtor or Secured Party of record. Check only	one of these two boxes.	
Also check one of the following three boxes and provide appropriate information	n in items 6 and/or 7.		
CHANGE name and/or address: Give current record name in item 6a or 6b name (if name change) in item 7a or 7b and/or new address (if address change)	o; also give new DELETE name: Give record name) in item 7c. to be deleted in item 6a or 6b.		complete item 7a or 7b, and also complete items 7d-7g (if applicable
CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
BUNCH	MARLA	SUE	
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7a. ORGANIZATION'S NAME			
7a. ORGANIZATION'S NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7a. ORGANIZATION'S NAME	FIRST NAME	MIDDLE NAME	SUFFIX
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME	CITY	STATE POSTAL	CODE COUNTRY
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  04 BRANCH DRIVE	CITY HELENA	STATE POSTAL AL 35080	CODE COUNTRY
7a. ORGANIZATION'S NAME.  7b. INDIVIDUAL'S LAST NAME  . MAILING ADDRESS	CITY HELENA	STATE POSTAL	CODE COUNTRY
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  MAILING ADDRESS  04 BRANCH DRIVE  ADD'L INFO RE 7e. TYPE OF ORGANIZATION	CITY HELENA	STATE POSTAL AL 35080	CODE COUNTRY  NAL ID #, if any
The individual's last name  Th	CITY HELENA  7f. JURISDICTION OF ORGANIZATION	STATE POSTAL AL 35080 79. ORGANIZATION	COUNTRY  NAL ID #, if any
7a. ORGANIZATION'S NAME  7b. INDIVIDUAL'S LAST NAME  C. MAILING ADDRESS  O4 BRANCH DRIVE  ADD'L INFO RE   7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	CITY HELENA  7f. JURISDICTION OF ORGANIZATION	STATE POSTAL AL 35080 79. ORGANIZATION	COUNTRY  NAL ID #, if any
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