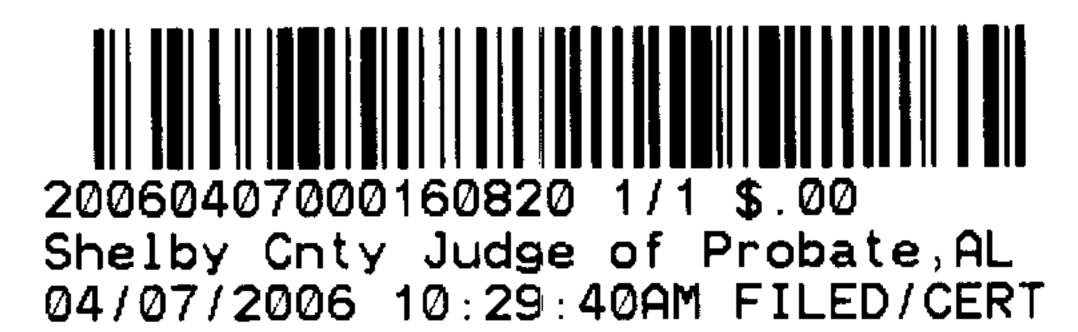
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C FINANCING STATEMENTA			
LOW INSTRUCTIONS (front and back) CAREFUL NAME & PHONE OF CONTACT AT FILER [options			
SEND ACKNOWLEDGMENT TO: (Name and Add	iress)		
l Alabama Power Company Attn: Rod Nowlin			
P O Box 129			
Anniston, AL 36202			
	THE	ABOVE SPACE IS FOR FILING OFFICE	USEONLY
INITIAL FINANCING STATEMENT FILE # 200408170	00461270 dated 08/17/2004	1b. This FINANCING STATE to be filed [for record] (or REAL ESTATE RECORD	
TERMINATION: Effectiveness of the Financing State	tement identified above is terminated with respect to security inte		
	Statement identified above with respect to security interest(s) or		
ASSIGNMENT (full or partial): Give name of assign	nee 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 Ame	endment affects Debtor or Secured Party of record.	Check only one of these two boxes.	
Also check one of the following three boxes and provide ap	opropriate information in items 6 and/or 7.		
CHANGE name and/or address: Give current record na name (if name change) in item 7a or 7b and/or new add	ame in item 6a or 6b; also give new DELETE name: Givenss (if address change) in item 7c. to be deleted in item		item 7a or 7b, and all items 7d-7g (if applic
CURRENT RECORD INFORMATION:			
6a. ORGANIZATION'S NAME			
SE INITIALIS LAST NAME	FIRSTNAME	MIDDLE NAME	SUFFIX
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	FIRST NAME	MIDDLE NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION:	FIRST NAME	MIDDLE NAME	SUFFIX
	FIRST NAME	MIDDLE NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	FIRST NAME FIRST NAME	MIDDLE NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME			
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Faulkner	FIRST NAME	MIDDLE NAME STATE POSTAL CODE	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Faulkner MAILING ADDRESS	FIRST NAME Joan	MIDDLE NAME	SUFFIX
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Faulkner MAILING ADDRESS P O Box 115	FIRST NAME Joan CITY Sterrett	MIDDLE NAME STATE POSTAL CODE AL 35147	SUFFIX COUNTR USA if any
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME Faulkner MAILING ADDRESS P O Box 115 TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE ORGANIZATION DEBTOR	FIRST NAME Joan CITY Sterrett OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION	MIDDLE NAME STATE POSTAL CODE AL 35147	SUFFIX COUNTF USA if any
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The individual's last name Faulkner MAILING ADDRESS POBOX 115 TAX ID #: SSN OR EIN ADD'L INFO RE 7e. TYPE (ORGANIZATION) DEBTOR AMENDMENT (COLLATERAL CHANGE): check or Describe collateral deleted or added, or give en 1) 5 ton Frigidaire heatpump model # FT3BA060KA serial # FTA04 model # B3BM060KCB serial # B3D0 NAME OF SECURED PARTY OF RECORD AUT adds collateral or adds the authorizing Debtor, or if this is a 9a. ORGANIZATION'S NAME	FIRST NAME Joan CITY Sterrett OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION only one box. Intire restated collateral description, or describe collateral organization of describe collateral organization.	STATE POSTAL CODE AL 35147 ION 7g. ORGANIZATIONAL ID #, assigned.	COUNTR USA if any