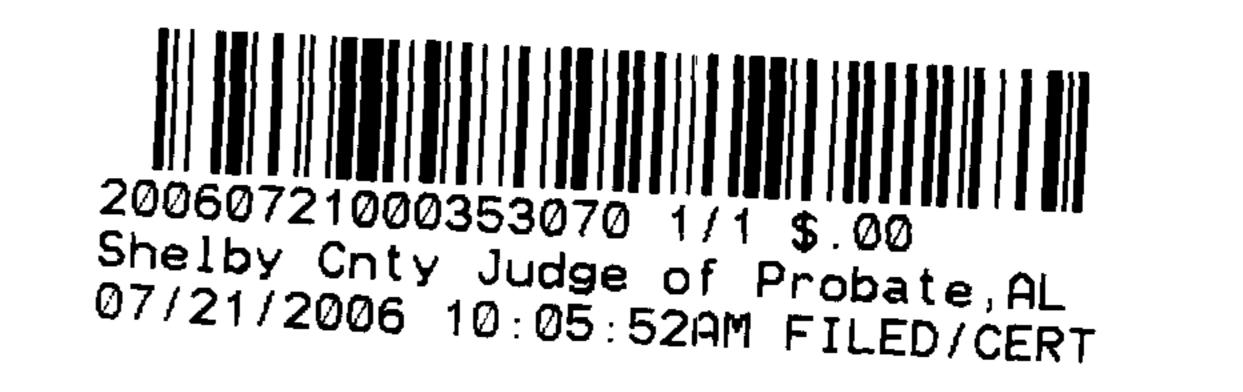
The second second	



AME & PHONE OF CONTACT AT FIL	k) CAREFULLY LER [optional]			
END ACKNOWLEDGMENT TO: (Nar	me and Address)			

Alabama Power Company	y			
Attn: Rod Nowlin				
P O Box 129 Anniston, AL 36202			-	
Alinston, Al Jozef				
			HE ABOVE SPACE IS FOR FILING OFFICE	USE ONLY
			1b. This FINANCING STATE	MENT AMENDMENT
NITIAL FINANCING STATEMENT FILE # 2	2002-14184 dated 03/2	26/2002	to be filed [for record] (or REAL ESTATE RECORD	r recorded) in the DS.
TERMINATION: Effectiveness of the	Financing Statement identified abo	ve is terminated with respect to security	interest(s) of the Secured Party authorizing this Ter	mination Statement.
CONTINUATION: Effectiveness of the continued for the additional period provi	ne Financing Statement identified ided by applicable law.	above with respect to security interest	(s) of the Secured Party authorizing this Continuati	ion Statement is
ASSIGNMENT (full or partial): Give n				
MENDMENT (PARTY INFORMATIO	N): This Amendment affects	Debtor or Secured Party of reco	ord. Check only one of these two boxes.	
Use check one of the following three boxes a	and provide appropriate information	n in items 6 and/or 7.		iom to or the and also
CHANGE name and/or address: Give cu name (if name change) in item 7a or 7b a	recent record name in item 62 or 6h	also give new DELETE name	Give record name ADD name: Complete in item 6a or 6b.	items 7d-7g (if applica
CURRENT RECORD INFORMATION:	THOTOL LIGHT SOCIOGO ONG			
68. ORGANIZATION'S NAME				
				SUFFIX
66. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
Reynolds		David	Ray	
CHANGED (NEW) OR ADDED INFORMA	ATION:			<u></u> — — — — — — — — — — — — — — — — —
7a. ORGANIZATION'S NAME				
			INCOME MANGE	SUFFIX
75. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	
			STATE POSTAL CODE	COUNTRY
MAILING ADDRESS		СПУ	STATE POSTAL CODE	
		7f. JURISDICTION OF ORGAN	IZATION 7g. ORGANIZATIONAL ID #.	if any
TAX ID # SSN OR EIN ADD'L INFO RORGANIZATIO	RE 7e. TYPE OF ORGANIZATION	IT. JURISDIC HON OF CRUAIN	IZATION IN THE STATE OF THE STA	
DEBTOR				
AMENDMENT (COLLATERAL CHAN	IGE): check only one box.			
Describe collateral deleted or add	led, or give entirerestated co	illateral description, or describe collate	eral assigned.	
(i) Rheem Model # RQMA-0	36JK, serial # 5533F 5	10112369		
				•
NAME OF SECURED PARTY OF R	ECORD AUTHORIZING THIS	S AMENDMENT (name of assignor, if	this is an Assignment). If this is an Amendment aut	thorized by a Debtor wi
	or, or if this is a Termination author	orized by a Debtor, check here and	enter name of DEBTOR authorizing this Amendme	
adds collateral or adds the authorizing Debi				
9a. ORGANIZATION'S NAME				
9a. ORGANIZATION'S NAME Alabama Power Company	,		LAIDDLE NAME	SUFFIX
9a. ORGANIZATION'S NAME		FIRST NAME	MIDDLE NAME	SUFFIX
9a. ORGANIZATION'S NAME Alabama Power Company		FIRST NAME	MIDDLE NAME	SUFFIX