## STATE OF ALABAMA — UNIFORM COMMERCIAL CODE \*\* STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. -- FORM UCC-3

Important: Read Instructions on Back Before Filling out Form:

☐ The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to the Uniform Commercial Code.
Return copy or recorded original to	<u> </u>	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Fiting Office
CENTRAL STATE BANK		,
POST OFFICE BOX 180		
CALERA, ALABAMA 35040		
Pre-paid Acct. #	•	
2. Name and Address of Debtor	(Last Name First if a Pecent)	
HENRY LEON CROWSON		
P.O. BOX 1222	•	
PELHAM, ALABAMA 35124		
		© 6 H ₩
•		
Social Security/Tax ID #	_ <del></del>	
2A. Name and Address of Debtor (IF AN	Y) (Last Name First if a Person)	The second secon
	•	H
		,
Social Security/Tax ID #		
☐ Additional debtors on attached UCC-E		
3. SECURED PARTY (Last Name First if a Person)	<u> </u>	4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
CENTRAL ST. Highway 25 F Calera, Alaba Social Security/Tax ID #	P.O. Box 180	
☐ Additional secured parties on attached UCC-E		
	1004 046	OOE
5. This statement refers to original Financing Sta		Date Filed 02-14 19 94
6. Continuation. The original financing statement.  Termination. Secured Party no longer claims.  8. Partial or The Secured Party's right under property described in item 11 or Assignment.  9. Amendment Financing statement bearing file.	nt between the foregoing Debtor and Secureds a security interest under the financing state or the financing statement bearing file number to all of the property fisted on this file, is as	or shown above to the signed to the assignee of the assignee o
11.		
		11A. Enter Code(s) From
		Back of Form That  Deat Describes The  Covered
		1#6533 LOCATED ON PRIVATE PROPERTY by This Filling:
OWNED BY DIXON 1 MILE E	AST OF HWY 31 NORTH	IN SAGINAW ON SHELBY COUNTY HIGHWAY 26
		<del></del>
		1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Check X if covered:  Products of Collateral are	e also covered.	
		- TIM WULCO
Signature(s) of Debtor(s)		Signature(e) of Secured Partyfiet)  CENTED AT CENTED DANSE
Signature(s) of Debtor(s) (necessary only if iter	m 9 is applicable)	CENTRAL STATE BANK Signature(s) of Secured Party(ies)
Type Name of Individual or Business  (1) FILING OFFICER COPY — ALPHABETICAL (3) FIL	ING OFFICER COPY — ACIONOMI FIXEMENT	Type Name of Individual or Business  STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC.