

**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.

FORGEE FROM
Register, Inc.
514 PIERCE ST.
P.O. BOX 218
ANOKA, MN. 55303
(612) 421-1713

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| <input type="checkbox"/> 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. | | | | | | | | | | | | | | | | | | | | | |
| 1. Return copy or recorded original to <div style="text-align: center;"> CENTRAL STATE BANK POST OFFICE BOX 180 CALERA, ALABAMA 35040 </div> Pre-paid Acct. # _____ | | | | THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office | | | | | | | | | | | | | | | | | | | | | |
| 2. Name and Address of Debtor (Last Name First if a Person) <div style="text-align: center;"> TURNER, JASON B. POST OFFICE BOX 731 MONTEVALLO, ALABAMA 35115 </div> Social Security/Tax ID # _____ | | | | <div style="writing-mode: vertical-rl; transform: rotate(180deg);"> Inst # 1997-09106 03/25/1997-09106 11:42 AM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE 001 MCB .00 </div> | | | | | | | | | | | | | | | | | | | | | |
| 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person) Social Security/Tax ID # _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Additional debtors on attached UCC-E | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. SECURED PARTY (Last Name First if a Person) <div style="text-align: center;"> CENTRAL STATE BANK Highway 25 P.O. Box 180 Calera, Alabama 35040 </div> Social Security/Tax ID # _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Additional secured parties on attached UCC-E | | | | 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person) | | | | | | | | | | | | | | | | | | | | | |
| 5. <input type="checkbox"/> This statement refers to original Financing Statement bearing File No. 1994-05634 Filed with SHELBY COUNTY PROBATE JUDGE | | | | Date Filed 02-18 19 94 | | | | | | | | | | | | | | | | | | | | | |
| 6. <input type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective. 7. <input checked="" type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above. 8. <input type="checkbox"/> Partial or <input type="checkbox"/> Full Assignment. The Secured Party's right under the financing statement bearing file number shown above to the property described in item 11 or to all of the property listed on this file, is assigned to the assignee whose name and address appears in item 4. 9. <input type="checkbox"/> Amendment. Financing statement bearing file number shown above is amended as set forth in item 11. 10. <input type="checkbox"/> Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above. | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. 1987 NORTH RIVER 14 x 70 MOBILE HOME SER#6303 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing: <table style="width:100%; border: none;"> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td></tr> </table> | | | | | | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
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| Check X if covered: <input type="checkbox"/> Products of Collateral are also covered. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature(s) of Debtor(s) _____ | | Signature(s) of Secured Party(ies) <div style="text-align: center;"> CENTRAL STATE BANK Signature(s) of Secured Party(ies) </div> | | | | | | | | | | | | | | | | | | | | | | | |
| Signature(s) of Debtor(s) (necessary only if item 9 is applicable) _____ | | Type Name of Individual or Business _____ | | | | | | | | | | | | | | | | | | | | | | | |
| Type Name of Individual or Business _____ | | Type Name of Individual or Business _____ | | | | | | | | | | | | | | | | | | | | | | | |