PORM OCC-TALA.

Important: Read Instructions on Back Before Filling out Form.

REORDER FROM

Registre, Inc.

514 PIERCE ST.
P.O. BOX 218

ANOKA, MN. 55303

(612) 421-1713

The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).		Additional s Presented	<u>}</u>	filing pursuant to the Unifor		ficer for
Return copy or recorded original to:			THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office			
CENTRA	L STATE BANK					
P.O. BO	X 180					
CALERA	, AL 35040			•		ra.
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Pre-paid Acct # Name and Address of Debtor		(Last Name First if a Person)			in G	
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P.O. B	·				<i>Q</i> ,	OFER
COLUMB	IANA, AL 3505) [44	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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A. Name and Address of Debtor	(IF ANY)	(Last Name First if a Person)	1		Č	900
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Social Security/Tax ID #			FILED	WITH:	···········	
Additional debtors on attached UCC-E			SHELBY COUNTY JUDGE OF PROBATE			
NAME AND ADDRESS OF SECURE	· · · · · · · · · · · · · · · · · · ·	if a Person)	4. AS	SIGNEE OF SECURED PART	Y (IF ANY)	(Last Name First if a Person)
WANT WAS ADDITION OF SECOND						
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	L STATE BANK OX 180			6		
•	, AL 35040				•	
Social Security/Tax ID #	, 110 000,0					
Additional secured parties on attache	ed UCC-E					
The Financing Statement Covers the f		Property:	1	·····		
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1965 F	ORD MUSTANG	COUPE SERIAL #	STO	71T186658		
					54	Enter Code(s) From Back of Form That
						Sest Describes The Collateral Covered
						By This Filing:
	•			<u>:</u>		
				ı		
						
Check X if covered: Products of C This statement is filed without the debi		ecuality interest in colleteral	7 Co	mplete only when filing with the	ne Judge of Probate:	2,500.00
_(check X, if so)			Th	e initial indebtedness secured	by this financing statement is	18.75
 already subject to a security interest interest interest interest interest. 	•			rigage tax due (15¢ per \$100.	*****	
to this state. I which is proceeds of the original coll	steral described above in wi	hich a security interest is	180	This financing statement covered in the real estate mortgatinterest of repord, give name:	ige records (Describe real esti	extures and is to be cross ste and if debtor does not have
` perfected. ☑ acquired after a change of name, ide	ntity or corporate structure o	of debtor	4		nature(s) of Secured Party(ies)	
as to which the filing has lapsed.		**************************************		(Required daily if f	iled without debtor's Signature	see Box 6)
Kumhmi.	plain	D		11/a)	W. Kolla	2
Signature(s) of Debtor(s)				Signature(s) of Secured Pi	arty(fee) or Assignee	
Signature(s) of Debtor(s)				Signature(s) of Secured Pr	arty(ies) or Assignee	
			***	Type Name of Individual of	-	
Type Name of Individual or Busing		DV.ACERYMI SIYSELIENT			<u> </u>	MMERCIAL CODE FORM UCC-
I) FILING OFFICER COPY - ALPHABETICAL IN FILING OFFICER COPY - NUMBERICAL	(3) FILMG OFFICER CO	PY-ACKNOWLEDGEMENT	MI ER E	COPY DESTOR(S)		stary of State of Alabama