## STATE OF ALABAMA - UNITURN COMMENCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. — FORM UCC-3

60692

## 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 fiting pursuant to the Uniform Commercial Code	
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
CENTRAL STATE BANK P.O. BOX 180 CALERA, AL 35040			
Pre-paid Acct. # Name and Address of Debtor	(Last Name First if a Person)	•	
SAM CARTER, JR P.O.BOX 721 COLUMBIANA, AL 35051			00 (A) (A) (A) (A) (A) (A) (A) (A) (A) (A)
Social Security/Tax ID #	(Last Name First if a Person)		07/19/20 07/19/20 9:12 AM
ROSELLA CARTER P.O. BOX 721 COLUMBIANA, AL 35051			
Social Security/Tax ID #		FILED WITH:	
Additional debtors on attached UCC-E NAME AND ADDRESS OF SECURED PARTY) (Last		SHELBY COUNTY JUDGE OF	PROBATE
P.O. BOX 180 CALERA, AL 35040  Social Security/Tax ID #			
5. X This statement refers to original Financing Statem	TUDGE OF PROBATE	37 Data Filled 05/08/98	
6. Continuation. The original financing statement be a secured Party no longer claims a secured Party's right under the property described in item 11 or to Assignment. Whose name and address appears 9 Amendment Financing statement bearing file numbers.	etween the foregoing Debtor and Secured Par security interest under the financing statement e financing statement bearing file number sho all of the property listed on this file, is assigne	rty, bearing file number shown above, is still effective. It bearing the file number shown above. It is a still effective.	
1977 GRANITE 14 X 70 MOBILE HOME SER #077058			11A. Enter Code(s) From Back of Form That Best Describes The
LOCATED AT: 1515 HWY 47 SOUTH COLUMBIANA, AL 35051			Collateral Covered By This Filing:
Check X if covered: Products of Collateral are also	o covered.	~ 1	<del></del>
Signature(s) of Debyor(s)  All Carter for formation for fo	ti	Signature(s) of Secured Party(les)	<u></u>
Signature(s) of Debtor(s) (necessary only if item 9 is  Type Name of Individual or Business	s applicable)	Signature(s) of Secured Party(ies)  CENTRAL STATE BANK  Type Name of Individual or Business	