## STATE OF ALABAMA — UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE

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ne Debtor is a transmitting utility defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	This FINANCING STATEMENT is presented filling pursuant to the Uniform Commercial C	to a Filing Office ode.	er for
First National Bank of O Box 977 Olumbiana, Al 35051	f Columbiana	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office		
re-paid Acct. # ame and Address of Debtor russ, Larry 620 Hwy 47 helby, Al 35143	(Last Name First if a Pen	son)	995-02010	195-OPO10 CERTIFIED JUDGE OF PROBATE
lame and Address of Debtor (IF A	NY) (Last Name First if a Per	son)	Inst * 19	01/25/19 08:50 AM SHELBY COUNTY J
Social Security/Tax ID #	<u> </u>			•
First National Bank (Person)  P O Box 977  Columbiana, Al 35051		4. ASSIGNEE OF SECURED PARTY (IF A	NY) (	Last Name First if a Pers
dditional secured parties on attached UCC-E				
(IXThis statement refers to original Financing S	Statement bearing File No. 1994-2	0751 	, 19	
<ul> <li>X) Termination. Secured Party no longer clair</li> <li>☐ Partial or The Secured Party's right und</li> <li>☐ Full property described in item 11</li> <li>Assignment. whose name and address applications.</li> <li>☐ Amendment Financing statement bearing</li> </ul>	ns a security interest under the financing s der the financing statement bearing file nu or to all of the property listed on this file, i	s assigned to the assignee set forth in item 11.		
Farmall Super Farmall Cub	<b>A</b>		* 11 <b>A</b> .	Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:

Type Name of Individual or Business (1) FILING OFFICER COPY — ALPHABETICAL

(2) FILING OFFICER COPY — NUMERICAL

2. Name and Address of Debtor

10. 🔲 Partial

11.

Signature(s) of Debtor(s) (necessary only if item 9 is applicable)

(3) FILING OFFICER COPY - ACKNOWLEDGEMENT (4) FILE COPY -- SECOND PARTY(S)

Signature(s) of Secured Party(les)

Type Name of Individual or Business

STANDARD FORM --- UNIFORM COMMERCIAL CODE -- FORM UCC-3 Approved by The Secretary of State of Alabama