## 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	No. of Additional	This FINANCING STATEMENT is presented to a f	iling Officer for
as defined in ALA CODE 7-9-105(n).  1. Return copy or recorded original to	Sheets Presented:	filing pursuant to the Uniform Commercial Code.  THIS SPACE FOR USE OF FILING OFFICER	<del>-</del>
CENTRAL STATE BANK POST OFFICE BOX 180 CALERA, ALABAMA 35040		Date, Time, Number & Filing Office	74.2 IE 10
			<b>60 80 10 20 20 10 20 20 20 20 20 20 20 20 20 20 20 20 20</b>
Pre-paid Acct. #			
RANDY SELMAN 276 BIRMINGHAM STREET MONTEVALLO, ALABAMA 35115		5/24/1995 339 AM CE	
Social Security/Tax ID #	(Last Name First if a Person)		
Social Security/Tax ID #			
☐ Additional debtors on attached UCC-E			
3. SECURED PARTY (Last Name First if a Person)		4. ASSIGNEE OF SECURED PARTY (IF ANY)	(Last Name First if a Person)
CENTRAL ST Highway 25 Calera, Alab Social Security/Tax ID #	P.O. Box 180 pama 35040		
Additional secured parties on attached UCC-E	<del></del>	1000 16540	
5. XXThis statement refers to original Financing S Filed with SHELBY COUNTY		1993-16548  Date Filed JUNE 8	19 95
7. KKTermination. 8. Partial or The Secured Party is right under property described in item 11.  Assignment whose name and address apply 10. Partial Secured Party releases the continuation in the property described in item 11.  Assignment whose name and address apply 11.  Financing statement bearing in Secured Party releases the continuation in the property described in item 11.  Secured Party is right under 11.	der the financing statement bearing file number so or to all of the property listed on this file, is assigned to item 4.  file number shown above is amended as set forth ollateral described in item 11 from the financing so one of the second	Party, bearing file number shown above, is still effective. Ent bearing the file number shown above. Shown above to the gned to the assignee. In it item 11.	11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
•	·		
Check X if covered:   Products of Collateral are	re also covered.	-/ / / / / / / / / / / / / / / / / / /	1)
Signature(s) of Debtor(s)	•	Signature(s) of Secured Party(ies) CENTRAL STATE BANK	
Signature(s) of Debtor(s) (necessary only if ite	em 9 is applicable)	CENTRAL STATE BANK Signature(s) of Secured Party(ies)	<del></del>
Type Name of Individual or Business	· · · · · · · · · · · · · · · · · · ·	Type Name of Individual or Business	
AL EULIO AFFIORD CARL. AL BULL COLOR			1011 0011 1000 1000 1000 1000 0