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.

REORDER FROM
Registré, Inc.
514 PIERCE ST.
P.O. BOX 216
ANOKA, MN. 55303
(612) 421-1713

☐ 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 to filing pursuant to the Uniform Commercial Code.)r
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
CENTRAL STATE BANK		Date, Time, Number a rining Office	
POST OFFICE BOX 180			
CALERA, ALABAMA 35040			<u>a</u>
		86	00 III III
		[-	
One said Asst #		j	0 m 8 8
Pre-paid Acct. #	(Last Name First if a Person)	- -	
•		<u> </u>	めい意
JERRY BRASHER		Q1 qri	0 - 2 - 3
145 SEALE ROAD			てる。
CALERA, ALABAMA 35040		38	T PE
	(* ** ** ** ** ** ** ** ** ** ** ** ** *	Th 3
			S S
Social Security / Tax ID #	NY) (Last Name First if a Person)		Ö
	(Edditalio) was a disconj	:	
	•		
Social Security/Tax ID #	<u> </u>	FILED WITH:	
☐ Additional debtors on attached UCC-E		SHELBY COUNTY JUDGE OF PROBATE	
3. NAME AND ADDRESS OF SECURED PARTY)	(Last Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last	t Name First if a Person)
Social Security/Tax ID #	<u> </u>		
Additional secured parties on attached UCC-E			
5.XX This statement refers to original Financing S	statement bearing File No	1993-14316	-
Filed with SHELBY COUNTY	JUDGE OF PROBATE	Date Filed MAY 19 19 93	
7.XX Termination. Secured Party no longer claim 8. Partial or The Secured Party's right und property described in item 11 Assignment. whose name and address app. 9. Amendment Financing statement bearing for the secured Party no longer claim.	ns a security interest under the financing staten der the financing statement bearing file number or to all of the property/fisted on this file, is ass	shown above to the igned to the assignee the in item 11.	
••:			tor Cadala) E-a
CATERPILLAR 951B LOADE	ER WITH GP BUCKET AND	SOFT CAB Bes	ter Code(s) From ck of Form That st Describes The Itateral Covered This Filing:
			·
_			·
•			· — — — —
			· — — — — —
		_	·
			·
Check X if covered: Products of Collateral ar	re also covered.		· — — — — —
	•		****
Signature(s) of Debtor(s)	· · · · · · · · · · · · · · · · · · ·	Signature(s) of Secured Party(ies)	
		CENTRAL STATE BANK	
Signature(s) of Debtor(s) (necessary only if ite	∍m 9 is applicable)	Signature(s) of Secured Party(ies)	
Type Name of Individual or Business		Type Name of Individual or Business	
(1) SILING OCCIOED CODY , AI PHARETICAL (2) EL	ILING OFFICER COPY-ACKNOWLEDGEMENT	STANDARD FORM — UNIFORM COMMER	∕CIAL CODE — FORM HCC-3