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 5T.
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).	No. of Additional Sheets Presented	This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to the Uniform Commercial Code.
1. Return copy or recorded original to CENTRAL STATE BANK	·	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office
POST OFFICE BOX 180		
CALERA, ALABAMA 35040		
		9円賞
Pre-paid Acct. #	(Last Name Fight if a Person)	O ZEE
PEGGY, FARRIS	(Last Name Flat II a Ferson)	
POST OFFICE BOX 32		293
-CALERA, ALABAMA 35040		
-		
Social Security/Tax ID #	(Last Name First if a Person)	
Out of the contract of the con		
Social Security/Tax ID #	<u> </u>	
Additional debtors on attached UCC-E SECURED PARTY (Last Name First if a Person)		4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
	TE BANK	
CENTRAL STA Highway 25 P.	· ·	
Calera, Alaba:	ma 35040	
Social Security/Tax ID #	•	
☐ Additional secured parties on attached UCC-E		
5. This statement refers to original Financing State	ement hearing File No. 1995-006	580
Filed with SHELBY COUNTY JU	Ciliate Scarring - No 11a.	Date Filed 01-09 19 95
6. Continuation. The original financing statement 7. XXTermination. Secured Party no longer claims	between the foregoing Debtor and Secured	Party, bearing file number shown above, is still effective.
8. Partial or The Secured Party's right under	the financing statement bearing file number	shown above to the
Assignment. whose name and address appear		
10. Partial Secured Party releases the colla	number shown above is amended as set for iteral described in item 11 from the financing	
* Release number shown above. 11.		
1969 MARVEL 12 X 60 MOR		
PEMBERTON MOBILE HOME I	ARK OFF DWI \$2, CAL	i j opinio a orio a
		By This Filing:
		·
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. —		
Check X if covered: Products of Collateral are a	also covered.	MAITA HINAM
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies)
		CENTRAL STATE BANK
Signature(s) of Debtor(s) (necessary only if item	9 is applicable)	Signature(s) of Secured Party(les)
Type Name of Individual or Business (1) FILING OFFICER CORY — ALPHARETICAL (3) FILIN	IG OFFICER COPY ACKNOWLEDGEMENT	Type Name of Individual or Business STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3
	COPY - SECOND PARTY(S)	(5) FILE COPY DEBTOR(S) Approved by The Secretary of State of Alabama