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 BLOCK STATERCE ST.

**RO, BOX 218
**ROKA, MN. 55303
**ROKA, MN. 55303
**RECE ST.
**ROKA, MN. 55303
**RO

| 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. | |
|---|---|---|---|
| Return copy or recorded original to | | THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office | |
| CENTRAL STATE BANK POST OFFICE BOX 180 CALERA, ALABAMA 35040 | | | |
| Pre-paid Acct. # | | | |
| 2 Name and Address of Debtor TONY DAVIS 720 HIGHWAY 86 | (Last Name First if a Person) | | 289 1 E D |
| CALERA, ALABAMA 35040 | · · · · · · · · · · · · · · · · · · · | | 96-12 36-12 36-12 36 97 36 97 36 97 |
| | | | 95 T > 0 |
| Social Security/Tax ID # | (Last Name First if a Person) | | Inst # 104/104109 25 25 AM SELBY COUNTY SEELBY COUNTY |
| Social Security/Tax (D # | | | |
| ☐ 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) |
| Highway 25 P.C. Calera, Alabam Social Security/Tax ID # Additional secured parties on attached UCC-E | a 35040 | | |
| 5. This statement refers to original Financing States SHELBY COUNTY J | ment bearing File No. 1995-0155 | 01-10 | |
| 8. Partial or property described in item 11 or to Assignment. Whose name and address appears 9. Amendment Financing statement bearing file in Secured Party releases the collate number shown above. 1 DIRECT TV CABLE SATELI' | security interest under the financing statement bearing file number at all of the property listed on this file, is assigned in item 4. TEDISH PACKAGE WITH | nown above to the number shown above. Hown above to the ned to the assignee in item 11. Itatement bearing file RECEIVER MODEL #CI200 | 11A. Enter Code(s) From Back of Form That |
| SN#3523L-012881 CI 20122 | 947 WITH ALL ACCESSO | RIES | Best Describes The Collateral Covered By This Filing: |
| • | | | |
| Check X if covered: Products of Collateral are al | so covered. | - Anna Phil | |
| Signature(s) of Debtor(s) | <u></u> | Signature Si of Secured Partyles CENTRAL STATE BANK | |
| Signature(s) of Debtor(s) (necessary only if item 9 | is applicable) | Signature(s) of Secured Party(ies) | |
| Type Name of Individual or Business | | Type Name of Individual or Business | |
| (1) FILING OFFICER COPY — ALPHABETICAL (3) FILING | G OFFICER COPY — ACKNOWLEDGEMENT COPY — SECOND PARTY(S) | (5) FILE COPY DEBTOR(S) STANDARD FORM — UII Approved by | The Secretary of State of Alabama |

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