## 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 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
CENTRAL STATE BANK POST OFFICE BOX 180 CALERA, ALABAMA 35040		Date, Time, Number & Filing Office
		88
Pre-paid Acct. #		で <b>※</b>
2. Name and Address of Debtor	(Last Name First if a Person)	a 25 i i *
DONNA CHANDLER		
120 FOREST DRIVE		96 0.09 0.09 0.09 0.09 0.09
MONTEVALLO, ALABAMA 35115	•	
		* TE = 2
Social Security/Tax ID #		第二十分 第二十分 第二十分
2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
		The second secon
	••	
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 N	arne First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person
Calera, Alabama 3  Social Security/Tax ID #		
Additional secured parties on attached UCC-E		· · · · · · · · · · · · · · · · · · ·
5. This statement refers to original Financing Stateme SHELBY COUNTY		946 O1-19 19 96
8. Partial or The Secured Party's right under the property described in item 11 or to all Assignment. Whose name and address appears in 9. Amendment Financing statement bearing file num	curity interest under the financing statem financing statement bearing file number s If of the property listed on this file, is assig	ent bearing the file number shown above. shown above to the gned to the assignee th in item 11.
11.		
EVENRUDE MOTOR SERIAL NUM	BER #G03886209M, ON	#BNZ6M410C595, 1995 90 HP  **IRC TROLLING MOTOR SE RIAL  **SERIAL NUMBER #1DHD5AR15S1058284**  **IRC TROLLING MOTOR SE RIAL  **Colleteral Covered By This Filling:**  **Describes The Colleteral Covered By This Filling:**  **Describe
7		
•		
		<u> </u>
Check X if covered: Products of Collateral are also	covered.	Sini Allandin
Signature(s) of Debtor(s)	·	Signature(s) of Secured Party(ies)
Signature(s) of Debtor(s) (necessary only if item 9 is	apolicable)	CENTRAL STATE BANK Signature(s) of Secured Party(ies)
alguature(s) or Deblor(s) (Hecessary Only it flem a is		
Type Name of Individual or Business	EICED CODY ACKNOWN EDGEMENT	Type Name of Individual or Business STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM