## 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
Registre, Inc.
514 PIERCE ST.
P.O. BOX 218
ANOKA, MN. 55303
(612) 421-1713

The Debtor is a transmitting utility	No. of Additional	This FINANCING STATEMENT is pri		Afficer for
as defined in ALA CODE 7-9-105(n).  Return copy or recorded original to	Sheets Presented:	THIS SPACE FOR USE OF FILING OFFICER		<del></del>
CENTRAL STATE BANK POST OFFICE BOX 180 CALERA, ALABAMA 35040		Date, Time, Number & Filing Office		
Pre-paid Acct #	(I act Maga First if a Person)			
2. Name and Address of Debtor	(Last Name First if a Person)	· ·	ហ	C W E
HARVEY CONNELL 490 PILGREEN DRIVE			Ö	7609 Probat
CALERA, ALABAMA 35040			22	
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			9	の一番
Social Security/Tax ID #		<u> </u>	2	T ₹ 5 €
2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)		#	7 4 3 5
•				3/1 3/1 SELBY 90
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	•		<del>j.</del>	- <del>-</del> -
Social Security/Tax ID #	. <u></u>			
☐ 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.O Calera, Alabama  Social Security/Tax ID #	3 330 <del>40</del>			
5. This statement refers to original Financing Statement bearing File No.  Filed with SHELBY COUNTY PROBATE		1995-06557		
		Date Filed	03-14 <sub>19</sub>	95
☐ Full property described in item 11 or to a Assignment whose name and address appears i 9. ☐ Amendment Financing statement bearing file nu 10. ☐ Partial Secured Party releases the collater Release number shown above.	ecurity interest under the financing statement financing statement bearing file number statement of the property listed on this file, is assign item 4.	ent bearing the file number shown above. shown above to the gned to the assignee. In in item 11.	effective.	
1952 FORD TRACTOR SERIAL	BUSHHOG	1	I 1A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered	
•				By This Filling:
	-			
		1	10	1
Check X if covered: Products of Collateral are also	covered.	1111	Tist Mi	
Signature(s) of Debtor(s)	·	Signature(s) of Secured Porty(ies)		
Signature(s) of Debtor(s) (necessary only if item 9 is	s applicable)	CENTRAL STATE BAY	<del>IK</del> _	
Type Name of Individual or Business		Type Name of Individual or Busine	<b>185</b>	
The terms of more while at which the				