

# 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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 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<br><br><b>CENTRAL STATE BANK</b><br><b>POST OFFICE BOX 180</b><br><b>CALERA, ALABAMA 35040</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                           | <p>THIS SPACE FOR USE OF FILING OFFICER<br/>Date, Time, Number &amp; Filing Office</p> <div style="font-size: 2em; transform: rotate(-90deg); transform-origin: center;">             Inst # 1997-21524<br/>             07/09/1997-21524<br/>             01:42 PM CERTIFIED<br/>             SHELBY COUNTY JUDGE OF PROBATE<br/>             001 MCD           </div> |
| 2. Name and Address of Debtor (Last Name First if a Person)<br><br><b>FAYE HORTON</b><br><b>50 JONES LANE</b><br><b>MONTEVALLO, ALABAMA 35115</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                         |
| Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                           |                                                                                                                                                                                                                                                                                                                                                                         |
| 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)<br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                           |                                                                                                                                                                                                                                                                                                                                                                         |
| <input type="checkbox"/> Additional debtors on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           | FILED WITH:<br><br><b>SHELBY COUNTY PROBATE JUDGE</b>                                                                                                                                                                                                                                                                                                                   |
| 3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person)<br><br>Social Security/Tax ID # _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           | 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)                                                                                                                                                                                                                                                                                                     |
| <input type="checkbox"/> Additional secured parties on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                           |                                                                                                                                                                                                                                                                                                                                                                         |
| 5. <input type="checkbox"/> This statement refers to original Financing Statement bearing File No. <b>1995-01262</b><br>Filed with <b>SHELBY COUNTY PROBATE JUDGE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                           | Date Filed <b>01-17</b> 19 <b>95</b>                                                                                                                                                                                                                                                                                                                                    |
| 6. <input type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective.<br>7. <input checked="" type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above.<br>8. <input type="checkbox"/> Partial or <input type="checkbox"/> Full Assignment. The Secured Party's right under the financing statement bearing file number shown above to the property described in item 11 or to all of the property listed on this file, is assigned to the assignee whose name and address appears in item 4.<br>9. <input type="checkbox"/> Amendment. Financing statement bearing file number shown above is amended as set forth in item 11.<br>10. <input type="checkbox"/> Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above. |                                           |                                                                                                                                                                                                                                                                                                                                                                         |

1994 FISHER 24' BOAT MODEL NUMBER 340DLX SERIAL NUMBER #STRC21KNE494 AND  
1994 MARINER 115 HORSEPOWER MOTOR SERIAL NUMBER #OG142060

11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:

Check X if covered: ☐ Products of Collateral are also covered.

Signature(s) of Debtor(s)

Signature(s) of Debtor(s) (necessary only if item 9 is applicable)

Type Name of Individual or Business

Signature(s) of Secured Party(ies)  
**CENTRAL STATE BANK**

Signature(s) of Secured Party(ies)

Type Name of Individual or Business