## STATE OF ALABAMA — UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, M.C. - FORM UCC-3

Important: Read Instructions on Back Before Filling out Form.

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.
Return copy or recorded original to	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office
CENTRAL STATE BANK P.O. BOX 180 CALERA, ALABAMA 35040	
Pre-paid Acct. # (Last Name First if a Person)  Name and Address of Debtor (Last Name First if a Person)	
JAMES C LUCAS  247 BROOK FOREST CIRCLE  HELENA, ALABAMA 35080  Social Security/Tax ID #	
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)	
Social Security/Tax ID #	SHELBY COUNTY JUDGE OF PROBATE
Additional debtors on attached UCC-E	
3. NAME AND ADDRESS OF SECURED PARTY) (Last Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
CENTRAL STATE BANK P.O. BOX 180 CALERA, ALABAMA 35040 Social Security/Tax ID #	
Additional secured parties on attached UCC-E	N 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
5. This statement refers to original Financing Statement bearing File No.  Filed with shelby county judge of probate	94-34121 Date Filed 11-15 19 94
Continuation. The original financing statement between the foregoing Debtor and Secured PXXX Termination. Secured Party no longer claims a security interest under the financing statement.  Partial or	shown above to the gned to the assignee  th in item 11.  statement bearing file  RTIF HOME CN# 1200 11A. Enter Code(s) From
LOCATED AT: 247 BROOK FOREST CIRCLE HELENA, ALABAMA35080	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 Secured Party(ies)
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)	Signature(s) of Secured Party(ies) CENTRAL STATE BANK
Type Name of Individual or Business	Type Name of Individual or Business
WELLING OFFICER CORY, ALRHARETICAL (2) FILING OFFICER CORY-ACKNOWLEDGEMENT	STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3