STATE OF ALABAMA - UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, EXC.

Important: Read Instructions on Back Before Filling out Form.

514 PIERCE ST. 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 KAKEKAXXAKAKAMA CALERA, ALABAMA 35040	
Pre-paid Acct. #	
CHURCH OF GOD OF PROPHECY 1365 8TH AVE CALERA, ALABAMA 35040 Social Security/Tax ID #	
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)	
Social Security / Tay (D. #	FILED WITH:
Social Security/Tax (D #	SHELBY COUNTY JUDGE OF PROBATE
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	
5. This statement refers to original Financing Statement bearing File No. 199 Filed with SHELBY COUNTY JUDGE OF PROBATE	06-09124 Dete Filed x03-21 19 96
 6. ☐ Continuation. 7. ☒️X ermination. 8. ☐ Partial or ☐ Full ☐ Property described in item 11 or to all of the property listed on this file, is assignment. 9. ☐ Amendment ☐ Partial ☐ Partial ☐ Partial ☐ Partial ☐ Partial ☐ Pelease ☐ Party releases the collateral described in item 11 from the financing number shown above. 	nent bearing the file number shown above. shown above to the gned to the assignee th in item 11.
1984 FLEETWOOD 14 x 70 MOBILE HOME SN#	# HWC078295 # HWC078295 Best Describes The Collateral Covered By This Filing:
	——————————————————————————————————————
Check X if covered: D Products of Collateral are also covered.	
Signature(s) of Debtor(s)	Signature(s) of Section Party(NS)
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 (1) FILING OFFICER COPY ALPHABETICAL (3) FILING OFFICER COPY ACKNOWLEDGEMENT	Type Name of Individual or Business STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3