## STATE OF ALABAMA — UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC.

Important: Read Instructions on Back Before Filling out Form

•					(612) 425-1713	
The Debtor is a transmitting utility	No. of Additional		This FINANCING STATE	MENT is presented	to a Filing Officer for	
as defined in ALA CODE 7-9-105(n).	Sheets Presented:		filing pursuant to the Un PACE FOR USE OF FILING	<del></del>	Code.	
Return copy or recorded original to			ime, Number & Filing Office			
CENTRAL STATE BANK			·			
P.O. BOX 180						1:4
			•			:
CALERA, ALABAMA 35040						3/2
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						*
Pre-paid Acct. #  Name and Address of Debtor	(Last Name First if a F	Person				
. Name and Address of Bedion	(Last Hamo / Histing )					· .
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SAM CARTER, JR						
ROSELLA CARTER		•				i <sub>e</sub>
P.O. BOX 721						
COLUMBIANA, ALABAMA 3	5051				7 5 5 5 2	3 3
Social Security/Tax ID:#	d ant Name First if a C	Garran)				
A. Name and Address of Debtor (IF ANY)	(Last Name First if a f	Person				i.
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Social Security/Tax ID #	<del></del>		k j			
Additional debtors on attached UCC-E		(				
SECURED PARTY (Last Name First if a Person)	<del></del>	4. ASS	SIGNEE OF SECURED PAI	RTY (IF	ANY) (Last Name First if a Po	erson)
			4			
Calera, Alabam  Social Security/Tax ID #  Additional secured parties on attached UCC-E	a 35040 					
		YXKHX	1994-36547		<u> </u>	
5. This statement refers to original Financing State		<u> </u>				
Filed with SHELBY COUNTY JU	<del>, , ,</del>		Date Filed	12-14	19 <u></u>	
☐ Full property described in item 11 or to Assignment, whose name and address appears 9. ☐ Amendment Financing statement bearing file of	security interest under the financia he financing statement bearing file a all of the property listed on this fil	ng statement bearing number shown about ite, is assigned to the as set forth in item 1	g the file number shown a eve to the e assignee 1.		·	
1977 GRANITE 14 x 70 NORTH ACROSS FROM POL			OCATED ON HI	WY 47	11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:	
<b>\$</b>			į 1		<del></del>	- — <del>_</del>
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Check X if covered: Products of Collateral are at	so covered.		<u> </u>			
			<b>J</b> V I n	M. F	Saller	
Signature(s) of Debtor(s)		<del></del>	Signatures, of Secure	Party (yet		
		<del>_</del>	<u></u>	d Park (Park)	<u> </u>	
Signature(s) of Debtor(s) (necessary only if item 9	ış applicable)	,	Signature(s) of Secured CENTRAL ST			
Type Name of Individual or Business	<u> </u>		Type Name of Individua			
	, ,,, <u> </u>					