FURM UCC-1 ALA.

28569

Important: Read Instructions on Back Before Filling out Form.

REDROER FROM

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

as defined in ALA CODE 7-9-105(n).	Sheets Presented.	filing nurs	uant to the Uniform Commercial	d to a Filing Officer for
Return copy or recorded original to:			USE OF FILING OFFICER	
CENTRAL STATE BANK		Date, Title, Number	ч а гину отнов	
P.O. BOX 180		1		
CALERA, AL 35040				
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Pre-paid Acct. #	<u>- </u>			0150 151 151 151 151 151 151 151 151 151
Name and Address of Debtor	(Last Name First if a Person)			
ESSIE B. LEACH			•	
150 SAMFORD STREET		j		
MONTEVALLO, AL 35115				
	•			72.3
				# 9 B
Social Security/Tax ID #	·			
A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)	1		ν α β
LORENZA MITCHELL				H
150 SAMFORD STREET				, +
MONTEVALLO, AL35115	1		·	
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Social Security/Tax ID #		FILED WITH:	<u> </u>	
Additional debtors on attached UCC-E		SHELBY COUNTY JUDGE OF PROBATE		
NAME AND ADDRESS OF SECURED PARTY) (Last Name	e First if a Person)	4. ASSIGNEE OF SE		
		,	(iii rai	(Last Name First if a Person)
CENTRAL STATE BA	ANK			
Highway 25 P.O. Box Calera, Alabama 350	x 180			
∨alera, ∧labama 35(J4U			
Social Security/Tax ID #		1		
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