STATEMENTS OF CONTINUATION; PARTIAL RELEASE, ASSIGNMENT, ETC. - FORM UCC-3

Important: Read Instructions on Back Before Filling out Form.

REORDER FROM

Registré, Inc.
514 PIERCE ST.
P.O. BOX 218
ANOKA, MN. 55303
(612) 421-1713

The Debtor is a transmitting utility	No. of Additional Sheets Presented:	This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to the Uniform Commercial Code.	
as defined in ALA CODE 7-9-105(n). 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, AL 35040			8-30187 SETIFIED E OF PROBATE .00
Pre-paid Acct. #	(Last Name First if a Person)		
CALVIN JONES 320 RIDGELYN RD. CALERA, AL 35040	(Last (Vallie i il still a v erson)		12:38 PH SELNY COUNTY SELNY COUNTY SELNY COUNTY
Social Security/Tax ID #	(Last Name First if a Person)		
2A. Name and Address of Debtor (IF ANY)			
Social Security/Tax ID #		FILED WITH:	· · · · · · · · · · · · · · · · · · ·
☐ Additional debtors on attached UCC-E		SHELBY COUNTY JUDGE OF	PROBATE
3. NAME AND ADDRESS OF SECURED PARTY) (Last	Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF AN	
CENTRAL STATE BANK P.O. BOX 180 CALERA, AL 35040 Social Security/Tax ID # Additional secured parties on attached UCC-E		•	
5. This statement refers to original Financing Statem	nent bearing File No. 1998-14966 GE OF PROBATE	Date Filed JULY 31	9 <u>8</u>
Full property described in item 11 or to Assignment, whose name and address appears 9. Amendment Financing statement bearing file nu	e financing statement bearing file number shall of the property listed on this file, is assign in item 4. Imber shown above is amended as set forth all described in item 11 from the financing statement.	nt bearing the file number shown above. nown above to the med to the assignee in item 11. Italian tatement bearing file	11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling:
		•	
Check X if covered: Products of Collateral are als	o covered.	Mary Bak	27
Signature(s) of Debtor(s)		Signature(s) of Secured Party(les)	(
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	<u> </u>
Type Name of Individual or Business		Type Name of Individual or Business	UNIFORM COMMERCIAL CODE — FORM LICC-