## 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	This FINANCING STATEMENT is presented to a filing pursuant to the Uniform Commercial Code.	Filing Officer for
as defined in ALA CODE 7-9-105(n).  Return copy or recorded original to	Sheets Presented:	THIS SPACE FOR USE OF FILING OFFICER	
CENTRAL STATE BANK P.O. BOX 180 CALERA, AL 35040  Pre-paid Acct. # Name and Address of Debtor	(Last Name First if a Person)	Date, Time, Number & Filing Office	998-30191 CERTIFIED JUNE OF PROBATE .00
PHILLIP CHAD MCDONAL  JAMI MCDONALD  FRANK E. DEFOOR  4646 HIGHWAY 71 LOT  SHELBY, AL 35143  Social Security/Tax iD #  2A. Name and Address of Debtor (#F ANY)	41		12:38 PM SELBY COUNTY SELBY COUNTY ON MCD
Social Security/Tax ID #		FILED WITH:	
<ul> <li>□ Additional debtors on attached UCC-E</li> <li>3. NAME AND ADDRESS OF SECURED PARTY) (La</li> </ul>	est Nama First if a Damas)	SHELBY COUNTY PROBATE JUI  4. ASSIGNEE OF SECURED PARTY (IF ANY)	(Last Name First if a Person)
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 State Filed withSHELBY_COUNTY		08 Date Filed 06-20	199.7
<ul> <li>7 ☐ Termination.</li> <li>8. ☐ Partial or The Secured Party's right under property described in item 11 or the Assignment.</li> <li>9. ☐ Amendment Financing statement bearing file.</li> </ul>	a security interest under the financing states the financing statement bearing file number to all of the property listed on this file, is ass rs in item 4. number shown above is amended as set for teral described in item 11 from the financing	r shown above to the signed to the assignee orth in item 11. g statement 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 Gollateral are a Signature(s) of Debtor(s)	Ilso covered.	Signature(s) of Secured Punyles)	Baker
Signature(s) of Debtor(s) (necessary only if item	9 is applicable)	Signature(s) of Secured Party(ies)	
Type Name of Individual or Business		CENTRAL STATE BANK  Type Name of Individual or Business	<del></del> -
(1) FILING OFFICER COPY - ALPHABETICAL (3) FIUN	G OFFICER COPY-ACKNOWLEDGEMENT	(5) FILE COPY DEBTOR(S)  STANDARD FORM — UNII Approved by	FORM COMMERCIAL CODE — FORM UCC. The Secretary of State of Alabama

(5) FILE COPY DEBTOR(S)

(4) FILE COPY - SECURED

(2) FILING OFFICER COPY - NUMERICAL