

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

Important: Read Instructions on Back Before Filling out Form.

REORDER FROM
Registre, Inc.
 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.

1. Return copy or recorded original to

CENTRAL STATE BANK
 P.O. BOX 180
 CALERA, AL 35040

Pre-paid Acct. #

2. Name and Address of Debtor

(Last Name First if a Person)

FRANK E. DEFOOR
 3015 HIGHWAY 71
 SHELBY, AL 35143

Social Security/Tax ID #

2A. Name and Address of Debtor

(IF ANY)

(Last Name First if a Person)

Social Security/Tax ID #

☐ Additional debtors on attached UCC-E

3. NAME AND ADDRESS OF SECURED PARTY (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 Statement bearing File No. 1997-34765

Filed with SHELBY COUNTY JUDGE OF PROBATE

Date Filed 10-27 19 97

6. ☐ Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective.

7. ☒ Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above.

8. ☐ Partial or Full. The Secured Party's right under the financing statement bearing file number shown above to the property described in item 11 or to all of the property listed on this file, is assigned to the assignee

☐ Assignment. whose name and address appears in item 4.

9. ☐ Amendment. Financing statement bearing file number shown above is amended as set forth in item 11.

10. ☐ Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above.

11.

11A. Enter Code(s) From
 Back of Form That
 Best Describes The
 Collateral Covered
 By This Filing:

Check X if covered: ☐ Products of Collateral are also covered.

Signature(s) of Debtor(s)

Signature(s) of Debtor(s) (necessary only if item 9 is applicable)

Type Name of Individual or Business

Signature(s) of Secured Party(ies)

Signature(s) of Secured Party(ies)

CENTRAL STATE BANK

Type Name of Individual or Business