## STATE OF ALABAMA — UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. — FORM UCC-3

Important: Read Instructions on Back Before Filling out Form.

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

|   |  | <del> </del>   |  |
|---|--|--|--|
| ☐ 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 Of filing pursuant to the Uniform Commercial Code. | ficer for  |
| Return copy or recorded original to   |  | THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office                              |  |
| CENTRAL STATE BAN<br>P.O. BOX 180<br>CALERA, AL 35040   | K  | 8-39747  | B-39747<br>ERTIFIED<br>E OF PROMITE  |
| Pre-paid Acct #   |  | Ď,   |  |
| 2. Name and Address of Debtor   | (Last Name First if a Person)  |  | T x > _  |
| ROGER SHACK P.O. BOX 356 MONTEVALLO, AL 35  | 115  |  | 10/12/<br>3-06 A<br>3-06 A<br>3-06 A<br>3-06 A   |
|   |  | <b>}=</b> 4  | Ö  |
|   |  |  |  |
| Social Security/Tax ID #  | (Last Name First if a Person)  |  | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)  |
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|   |  | •  |  |
| Social Security/Tax ID #  |  | FILED WITH:  |  |
| ☐ Additional debtors on attached UCC-E  |  | SHELBY COUNTY JUDGE  |  |
| 3. NAME AND ADDRESS OF SECURED PARTY) (Last   | Name First if a Person)  | 4. ASSIGNEE OF SECURED PARTY (IF ANY)  | (Last Name First if a Person)  |
| CENTRAL STATE BAN P.O. BOX 180 CALERA, AL 35040 Social Security/Tax ID #  |  |  |  |
| ☐ Additional secured parties on attached UCC-E  |  |  | <u></u>  |
| 5. This statement refers to original Financing Statem Filed withSHELBY_COUNT  | ent bearing File No. 1998-095<br>Y JUDGE OF PROBA  |  | <br>9.8  |
| ☐ Full property described in item 11 or to Assignment. whose name and address appears  9. ☐ Amendment Financing statement bearing file nu | ecurity interest under the financing statement<br>is financing statement bearing file number sho<br>all of the property listed on this file, is assign | t bearing the file number shown above.  own above to the  ed to the assignee  in item 11.            |  |
| 11.   |  |  |  |
| <del>-</del>  |  | 4900 HTO SATELITE DISH S R HOME THEATER SYSTEM   | A. Enter Code(s) From Y CAPK DIN orn, That Best Describes The Collateral Covered By This Filing: |
| · ·   |  |  |  |
| <b>F</b>  |  |  |  |
| A   | :  |  |  |
|   | •  |  | <del></del>  |
|   |  |  |  |
| Check X if covered: Products of Collateral are also   | o covered.   |  |  |
|   |  | Mari Baker   |  |
| Signature(s) of Debtor(s)   |  | Signature(s) of Secured Party(ies)   |  |
| Signature(s) of Debtor(s) (necessary only if item 9 is  | s applicable)  | Signature(s) of Secured Party(ies)   | <u> </u>   |
| Type Name of Individual or Business   |  | CENTRAL STATE BANK  Type Name of Individual or Business  |  |
| (1) FILING OFFICER COPY - ALPHABETICAL (3) FILING (   | OFFICER COPY-ACKNOWLEDGEMENT   | STANDARD FORM — UNIFORM CO   | OMMERCIAL CODE — FORM UCC-3 etary of State of Alabama  |

(5) FILE COPY DEBTOR(S)

(2) FILING OFFICER COPY - NUMERICAL

(4) FILE COPY SECURED