

# 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.**

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

<input type="checkbox"/> 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  <div style="text-align: center; font-weight: bold;">CENTRAL STATE BANK P.O. BOX 180 CALERA, AL 35040</div>		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
2. Name and Address of Debtor (Last Name First if a Person)  <div style="text-align: center; font-weight: bold;">MICHAEL LEE JOHNSON 10331 HWY 31 CALEAR, AL 35040</div>		<div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">Inst # 1998-44733</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">11/12/1998-44733</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">08:07 AM CERTIFIED</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">SHELBY COUNTY JUDGE OF PROBATE</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold;">001 CRH</div>	
Social Security/Tax ID # _____			
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)			
Social Security/Tax ID # _____			
<input type="checkbox"/> Additional debtors on attached UCC-E		FILED WITH: <div style="text-align: center; font-weight: bold;">SHELBY COUNTY PROBATE JUDGE</div>	
3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person)  <div style="text-align: center; font-weight: bold;">CENTRAL STATE BANK P.O. BOX 180 CALERA, AL 35040</div>		4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)	
Social Security/Tax ID # _____		Date Filed <u>1/24/97</u> 19__	
<input type="checkbox"/> Additional secured parties on attached UCC-E			
5. <input type="checkbox"/> This statement refers to original Financing Statement bearing File No. <u>02524</u> Filed with <u>SHELBY COUNTY PROBATE JUDGE</u>		11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:  _____ _____ _____ _____ _____ _____ _____ _____	
6. <input type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective. 7. <input checked="" type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above. 8. <input type="checkbox"/> Partial or Assignment. 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 whose name and address appears in item 4. 9. <input type="checkbox"/> Amendment. Financing statement bearing file number shown above is amended as set forth in item 11. 10. <input type="checkbox"/> Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above.			
11. <div style="text-align: center; font-weight: bold;">1984 24 X 40 KENBERLY MOBILE HOME SERIAL #KH40D3CK1216GA TO BE LACATED AT RED ROAD CALERA , AL</div>			
Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.			
Signature(s) of Debtor(s) _____		Signature(s) of Secured Party(ies) <u>Mary Baker</u>	
Signature(s) of Debtor(s) (necessary only if item 9 is applicable) _____		Signature(s) of Secured Party(ies) <u>CENTRAL STATE BANK</u>	
Type Name of Individual or Business _____		Type Name of Individual or Business _____	