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

62658

1) FILING OFFICER COPY - NUMERICAL

Important: Read Instructions on Back Before Filling out Form.

RECRDER 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 Filifiling pursuant to the Uniform Commercial Code.	ng Officer for
CENTRAL STATE BANK POST OFFICE BOX 180 CALERA, ALABAMA 35040		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
Pre-paid Acct #			-02418 -02418
JERRY L. HORTON ROBBIE L. HORTON POST OFFICE BOX 288 WILSONVILLE, ALABAMA 35	(Last Name First if a Person)		1/19/1999 1/19/1999 131 PM CE ELBY COUNTY JUNE 181 COUNTY JUNE
Social Security/Tax ID #	(Last Name First if a Person)		1 0 TO
Social Security/Tax ID #		FILED WITH:	
CENTRAL STATE BANK POST OFFICE BOX 180 CALERA, ALABAMA 35040 Social Security/Tax ID #	vame First if a Person)	4 NAME AND ADDRESS OF ASSIGNEE OF SECURED PARTY	(IF ANY) (Last Name First if a Person)
Additional secured parties on attached UCC-E This statement refers to original Financing Statement Filed with SHELBY COUNTY PRO		97 Date Filed06-20	19_97_
8. Partial or The Secured Party's right under the Property described in item 11 or to a Assignment, whose name and address appears in Amendment Financing statement bearing file numbers.	curity interest under the financing stateme financing statement bearing file number sl III of the property listed on this file, is assign	ent bearing the file number shown above. hown above to the ned to the assignee in item 11.	
			11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling:
A CHEVY TRUCK VIN#C51	40A116759	•	
Check X if covered: Products of Collateral are also	covered.	JOTINO MILA	
Signature(s) of Debtor(s) Signature(s) of Debtor(s) (necessary only if item 9 is	applicable)	Signature(s) of Secured Party(ies) Signature(s) of Secured Party(ies)	(
Type Name of Individual or Business		CENTRAL STATE BANK Type Name of Individual or Business	······································
FILING OFFICER COPY - ALPHARETICAL (3) FILING OF	FICER CORY - ACKNOWLEDGEMENT	STANDARD FORA UNISOR	M COMMERCIAL CODE — FORM LICC-3.