

Important: Read Instructions on Back Before Filling out Form.

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

Inst # 1999-38791
09/16/1999-38791
11:40 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
0001 NWS .00

FILED WITH:

SHELBY COUNTY JUDGE OF PROBATE

4. NAME AND ADDRESS OF ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)

G-5 GISUPER 300 SATELLITE SYSTEM

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

STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3
Approved by The Secretary of State of Alabama

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