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

60714

Important: Read Instructions on Back Before Filling out Form

			(BIB) 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 pursuant to the Uniform Commercial Code	g Officer for
1. Return copy of recorded original to  Central State Bank P.O. Box 180 Calera, Al. 35040		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
Pre-paid Acct. #	(Last Name First if a Person)		TINE S.
Columbiana, AL. 35040  Social Security/Tax ID #_  2A. Name and Address of Debtor (IF AN	(Last Name First if a Person)		
Social Security/Tax ID #		FILED WITH:	
Additional debtors on attached UCC-E  NAME AND ADDRESS OF SECURED PARTY) (I  Central State Bank  Highway 25 P.O. Box 180  Calera, Al. 35040  Social Security/Tax ID #	Last Name First if a Person)	Shelby County Judge of Probate A NAME AND ADDRESS OF ASSIGNEE OF SECURED PARTY (IF	ANY) (Last Name First if a Person
☐ Additional secured parties on attached UCC-E	<del></del>		
5. This statement refers to original Financing Sta		2 	
<ul> <li>6.  Continuation. The original financing statement</li> <li>7  Termination. Secured Party no longer claims</li> <li>8  Partial or The Secured Party's right under property described in item 11 or Assignment. Whose name and address appearance</li> <li>9.  Amendment Financing statement bearing file</li> </ul>	It between the foregoing Debtor and Secured Pa a security interest under the financing statement the financing statement bearing file number short to all of the property listed on this file, is assign	irty, bearing file number shown above, is still effective. If bearing the file number shown above, own above to the ed to the assignee	
1995 KTM EXC SN VBKEXJ20	8SM305079		11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
Check X if covered: Products of Colfateral are a	also covered.	····	
Signature(s) of Debtor(s)	······································	Signature(s) of Section Party(ies)	· · · · · · · · · · · · · · · · · · ·
Signature(s) of Debtor(s) (necessary only if item !	9 is applicable)	Signature(s) of Secured Party(ies)	······································
Type Name of Individual or Business  1) FILING OFFICER COPY - ALPHARETICAL (2) SILING	OFFICER CORY ACKNOWN FOR STATE	Central STate Bank Type Name of Individual or Business	<del></del>