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

60736 • Important: Read Instructions on Back Before Filling out Form.

Inc.

☐ 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 filing pursuant to the Uniform Commercial Co	a Filing Officer for	
Return copy or recorded original to	Sileets Fresenteo.	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office		
Central State Bank		bate. Time, Namber & Fining Office		
P.O. Box 180				
Calera, AL 35040				
			101	
Pre-paid Acct. #	_		No Share	
2. Name and Address of Debtor	(Last Name First if a Person)		o lle	
James R. Blackmon 628 Co. Rd, 868				
MOntevallo, AL 35115				
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Social Security/Tax ID #			第一	
	ANY) (Last Name First if a Person)		は、この音	
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Social Security / Tax ID #		FILED WITH:		
Additional debtors on attached UCC-E NAME AND ADDRESS OF SECURED PARTY) (Last Name First if a Person)		Shelby County Judge of	Probate-	
Central State Bank	(Last Name First if a Person)	4 NAME AND ADDRESS OF ASSIGNEE OF SECURED PART	Y (IFANY) (Last Name First if a Person	
P. O. Box 180				
Calera, AL 35040				
	-			
Social Security/Tax ID #				
Additional secured parties on attached UCC-E				
5. This statement refers to original Financing S	Statement bearing File No. 1998-169	186		
Filed with Shelby Count	y Judge of Probate	Date Filed 05/08/1998		
		Party, bearing file number shown above, is still effective.		
8. Partial or The Secured Party's right uni	ms a security interest under the financing state der the financing statement bearing file numbe	r shown above to the		
☐ Full property described in item 11 Assignment, whose name and address ap	l or to all of the property listed on this file, is as: pears in item 4.	signed to the assignee		
 9.	file number shown above is amended as set for ollateral described in item 11 from the financin			
Release number shown above.			······································	
	otor grator ser# 0038	25		
	6		11A. Enter Code(s) From Back of Form That	
			Best Describes The Collateral Covered By This Filing:	
				
ΔΕΙ. V V				
Check X if covered: Products of Collateral at	re also covered.		<u> </u>	
Signatura(a) of Daharata		11111111111111111111111111111111111111		
Signature(s) of Debtor(s)		Signature(s) of Secured 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		CEntral State BAnk Type Name of Individual or Business	CEntral State BAnk Type Name of Individual or Business	

(1) FILING OFFICER CORY . AI PHARETICAL