as defined in ALA CODE 7-9-105(n).	No of Additional Sheets Presented	This FINANCING STATEMENT is p filling pursuant to the Uniform Com	mercial Code.
Return copy or recorded original to:	<u></u>	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
CENTRAL STATE BANK			
P.O. BOX 180			المن المن المن المن المن المن المن المن
·			a William
CALERA, AL. 35040			
Pre-paid Acct. #			و ا
Name and Address of Debtor	(Last Name First if a Person)		
CATHY S. WALKER			And I make The Company
JAMES WALKER			
2485 HEBB ROAD			
WILSONVILLE, AL 35186	•		
MIDOUATER, WE 33100			
Social Security / Tax ID # Name and Address of Debtor (IF ANY)	(Last Name First if a Person)		
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Social Security/Tex ID #		FILED WITH:	· · · · · · · · · · · · · · · · · · ·
Additional debtors on attached UCC-E		, <u></u>	
NAME AND ADDRESS OF SECURED PARTY) (Last	Name Chat if a Dannel		E OF PROBATE
TAME AND ADDRESS OF SECURED PART T) (Last	Name First if a Person)	4. ASSIGNEE OF SECURED PARTY	(IF ANY) (Last Name First if a Person)
CENTRAL STATE BANK			
P.O. BOX 180			
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CALEKA, AL. 35040			
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