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

60567

Type Name of Individual or Business

(3) FILING OFFICER CORY - ACKNOWLEDGEMENT

(1) FILING OFFICER COPY - ALPHABETICAL

Important: Read Instructions on Back Before Filling out Form.

REORDER FROM

Registré, Inc.
514 PIÈRCE 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 Filing Officer for filing pursuant to the Uniform Commercial 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 Calera, Al 35040		7765 7765 IFIED PROBATE 00	
Pre-paid Acct. #			
Name and Address of Debtor	(Last Name First if a Person)		
Shane D. Schroeder 28 Dogwood Drive Calera, Al 35040		33/06/20 33/06/20 33/5 AM SHEBY COUNTY J	
Social Security/Tax ID # 2A. Name and Address of Debtor (IF	ANY) (Last Name First if a Person)		
Social Security/Tax ID #		FILED WITH:	···-
Additional debtors on attached UCC-E		Shelby County Judge of Prol	nate
3. NAME AND ADDRESS OF SECURED PARTY) (Last Name First if a Person) Central State Bank			ANY) (Last Name First if a Person)
P.O. Box 180 Calera, Al 35040 Social Security/Tax ID #			
Additional secured parties on attached UCC-E			<u> </u>
-	Statement bearing File No 1998-2522		
6. Continuation. The original financing statem 7 Termination Secured Party no longer claim 8. Partial or The Secured Party's right under property described in item 11 Assignment. Whose name and address applications. 9. Amendment Financing statement bearing.	nent between the foregoing Debtor and Secured Pa ims a security interest under the financing stateme ider the financing statement bearing file number st 1 or to all of the property listed on this file, is assign	nown above to the ned to the assignee in item 11	
11.			<u></u>
l995 skeeter 150XT bass bo	4	ngine	11A Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling:
Check X if covered: Products of Collateral a	re also covered.	Leader J.	
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies)	Vacle
Signature(s) of Debtor(s) (necessary only if ite	em 9 is applicable)	Signature(s) of Secured Party(es) Central State Bank	

Type Name of Individual or Business