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

60587

(1) FILING OFFICER COPY - ALPHABETICAL

(3) FILING OFFICER COPY - ACKNOWLEDGEMENT

## Important: Read Instructions on Back Before Filling out Form.

REORDER FROM
Registre, Inc.
514 PIERCE 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		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
Central State Bank P.O. Box 180 Calera, Al 35040			LARED TED PROBATE .00
Pre-paid Acct. #	- // get Name First if a Corece)	-p-4	
Virginia Rene Smith 180 Highway 203 Montevallo, Al 35115  Social Security/Tax ID #	(Last Name First if a Person)  (Last Name First if a Person)	Inst * 2001	03/27/2001 01:52 PM CE SELBY COUNTY 3個E SELBY COUNTY 3個E
Social Security/Tax ID #		Shelby County Judge of Probate	
Additional debtors on attached UCC-E  NAME AND ADDRESS OF SECURED PARTY) (Last Name First if a Person)		4 NAME AND ADDRESS OF ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)	
6. Continuation. The original financing statement. 7. Termination. Secured Party no longer claims. 8. Partial or The Secured Party's right under property described in item 11 or Assignment. Whose name and address appears. 9. Amendment Financing statement bearing file.	Judge of Probate  In between the foregoing Debtor and Secured Part is a security interest under the financing statement is the financing statement bearing file number sho or to all of the property listed on this file, is assigne-	Date Filed 06/20/1997  ty, bearing file number shown above, is still effective, bearing the file number shown above wn above to the d to the assignee item 11	
•			11A Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling:
Check X if covered: Products of Collateral are  Signature(s) of Debtor(s)	also covered.	Signature(s) of Secured Party(es)	
Signature(s) of Debtor(s) (necessary only if item	9 is applicable)	Signature(s) of Secured Party(es) Central State: Bank	······································
Type Name of Individual or Business		Type Name of Individual or Business	