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

60640

(1) FILING OFFICER CORY ALBUARETICAL

ALTERNIA OFFICER ASSIVE TALAMAN FOSELETA

Important: Read Instructions on Back Before Filling out Form

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 Cod	
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
Central State Bank			
P.0 Box 180			
Calera, A1 35040			
			The second second
Pre-paid Acct. #			
2. Name and Address of Debtor	(Last Name First if a Person)		
Camp Branch Homes			
P.O. Box 303			6 5 5
Saginaw, A1 35137			N N E E
		į	
Social Security/Tax ID #			7 0 2 2
2A. Name and Address of Debtor (IF AN	NY) (Last Name First if a Person)	-	2 2 2
	-		<u></u>
Social Security/Tax ID #		FILED WITH:	
☐ Additional debtors on attached UCC-E		Shelby County Judge o	f probate
3. NAME AND ADDRESS OF SECURED PARTY) (Last Name First if a Person)		4. NAME AND ADDRESS OF ASSIGNEE OF SECURED PARTY	······
Central State Bank			
P.O Box 180			
Calera, Al 35040			
Social Security/Tax ID #		<u> </u>	
Additional secured parties on attached UCC-E			
5. This statement refers to original Financing Sta		865	
	ty Judge of PRobate	Date Filed 4/18/2001	
 6. ☐ Continuation. The original financing statemer 7. ☐⊕Termination. Secured Party no longer claims 	nt between the foregoing Debtor and Secured Pa s a security interest under the financing stateme	arty, bearing file number shown above, is still effective.	"
8. Partial or The Secured Party's right under	er the financing statement bearing file number sh	nown above to the	
Assignment, whose name and address appe			
	le number shown above is amended as set forth llateral described in item 11 from the financing st		
Release number shown above.			
11.			
			11A. Enter Code(s) From Back of Form That
			Best Describes The Collateral Covered
			By This Filing:
			
			
		/ / /	
Check X if covered: Products of Collateral are	also covered.		
			1 // /2//-
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies)	- 10 Jayre
Signature(s) of Debtor(s) (necessary only if item	1 9 is applicable)		
		Signature(s) of Secured Party(ies)	
Type Name of Individual or Business		Type Name of Individual or Business	