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

04808

Important: Read Instructions on Back Before Filling out Form.

REORDER FROM
Registré, 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 Central State Bank P.O. Box 180 Calera, Al. 35040		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
Pre-paid Acct. #	(Last Name First if a Person)		-39880 7171ED 7884E
Mary Furline P.O. Box 393 Calera, Al. 35040			# 2001-6 4/2001-6 AM CERT
Social Security/Tax ID #	ANY) (Last Name First if a Person)		10:29 10:29 SELW C
		FILED WITH:	
Additional debtors on attached UCC-E 3. NAME AND ADDRESS OF SECURED PARTY) (Last Name First if a Person)		SHELBY COUNTY JUDGE OF PROBATE 4. NAME AND ADDRESS OF ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)	
CEntral State Bank 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 Filed withShelby Count	Statement bearing File No. 2001-100	Date Filed 3-20-2001	
7XXX Termination. Secured Party no longer cla 8. Partial or The Secured Party's right use property described in item 1 Assignment. Whose name and address a 9. Amendment Financing statement bearing	aims a security interest under the financing stateme inder the financing statement bearing file number s 11 or to all of the property listed on this file, is assig	hown above to the need to the assignee in 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 also covered		
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies)	(D)
Signature(s) of Debtor(s) (necessary only if	item 9 is applicable)	Signature(s) of Secured Party(ies) Central State Bank	
Type Name of Individual or Business (1) FILING OFFICER COPY - ALPHARETICAL (3) (EN ING DEFICER CORY - ACKNOWN FOREMENT	Type Name of Individual or Business	ON COMMEDCIAL CODE FORM LICC A