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

04810

Important: Read Instructions on Back Before Filling out Form.

REORDER FROM

Registre, Inc.
514 PIERCE 5T.
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		Date, Time, Nomber & Filing Onice	
Pre-paid Acct. #		3988	9881 IFIED PROBATE OC
2. Name and Address of Debtor	(Last Name First if a Person)	ें। च	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Scott G. Cates		i i	西島
P.O. Box 616		14	ŭ ¥ ₹ £
Calera, Al. 35040			→ → → → → → → → → →
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Social Security/Tax ID # 2A. Name and Address of Debtor (if ANT)	(Last Name First if a Person)	Ĉ H	8 3 3
ZA. Name and Address of Debtor (IF AITT)			· · · · · · · · · · · · · · · · · · ·
Social Security/Tax ID #		FILED WITH:	
Additional debtors on attached UCC-E		Shelber (Xunter (XIday)	Of Malake
3. NAME AND ADDRESS OF SECURED PARTY) (Las	st Name First if a Person)	4. NAME AND ADDRESS OF ASSIGNEE OF STOURED PARTY (IF AN	Y) (Last Name First if a Person)
Central State Bank			
P.O. box 180		•	
Calera, A1. 35040			
Social Security/Tax ID #			
Additional secured parties on attached UCC-E			
5. XXThis statement refers to original Financing State	ment bearing File No. 1999-06	252	
Filed with - Shelby County J		Date Filed 2/12/1999	
Full property described in item 11 or to Assignment, whose name and address appears	security interest under the financing statemen he financing statement bearing file number sho call of the property listed on this file, is assigne	t bearing the file number shown above. own above to the ed to the assignee	
_	eral described in item 11 from the financing sta		
1999 Polaris Xplorer 300 Vin #4ZACC28C6X2080506			A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
		•	
Check X if covered: Products of Collateral are als	so covered.		
		William La GALLIN	•
Signature(s) of Debtor(s)		Signature(s) of Secured apply(ies)	· ··
Signature(s) of Debtor(s) (necessary only if item 9	is applicable)	Signature(s) of Secured Party(ies)	
Type Name of Individual or Business		Central State Bank	
	OFFICER CORY - ACKNOWLEDGEMENT	Type Name of Individual or Business	MEDOIN CODE FORMUSE A