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

04841

Important: Read Instructions on Back Before Filling out Form.

STANDARD FORM -- LINIFORM COMMERCIAL CODE -- FORM LICC. 3

☐ 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	•	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
P.O. Box 180			
Calera, Al 35040			
Pre-paid Acct. #			9 9 9
2. Name and Address of Debtor	(Last Name First if a Person)		
John T. Ellison			
P.O. Box 436			4 H H H
Saginaw, Al 35137			
Social Security/Tax ID #			
2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)		1 7 7 Z Z Z Z Z Z Z Z Z Z
Agnes M. Ellison			
P.O. Box 436	i		A 75
Saginaw, Al 35137			
Social Security/Tax ID #	<del></del>	FILED WITH:	······································
Additional debtors on attached UCC-E		Shelby County Judge of Probate	
3. NAME AND ADDRESS OF SECURED PARTY) (Last	Name First if a Person)	4. NAME AND ADDRESS OF ASSIGNEE OF SECUR	
Central State Bank			
P.O. B_ox 180			
Calera, Al 35040			
Social Security/Tax ID #			
Additional secured parties on attached UCC-E			
5. KThis statement refers to original Financing Statem	-		
Filed with Shelby County Ju		Date Filed 5-30-200	<del></del>
8. Partial or The Secured Party's right under the property described in item 11 or to Assignment whose name and address appears  9. Amendment Financing statement bearing file number shown above.	ecurity interest under the financing statemer e financing statement bearing file number sh all of the property listed on this file, is assign	it bearing the file number shown above.  wown above to the  led to the assignee  in item 11.	ective.
11.			11A. Enter Code(s) From
			Back of Form That Best Describes The
			Collateral Covered  By This Filing:
			<del></del>
Ab - 1 11 11 11 11 11 11 11 11 11 11 11 11			<del> </del>
Check X if covered: Products of Collateral are also	covered.		
		a Tranger	
Signature(s) of Debtor(s)		Signature(s) of Secured Party(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  1) FILING OFFICER COPY - ALPHABETICAL. (3) FILING O	FFICER COPY - ACKNOWLEDGEMENT	Type Name of Individual or Business	BM UNIFORM COMMERCIAL CODE FORM LICC