

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

<input type="checkbox"/> 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.	
1. Return copy or recorded original to: CITICORP NATIONAL SERVICES INC formally known as: CITICORP ACCEPTANCE CO INC PO BOX 419063 ST LOUIS, MO 63141			THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
Pre-paid Acct. #			<div>Inst # 1993-03587</div> <div>02/05/1993-03587 02:48 PM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE 001 HCD 14.00</div>	
2. Name and Address of Debtor (Last Name First if a Person) JACKSON, JAMES L. ADD BELOW				
Social Security/Tax ID #				
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person) JACKSON, BILLIE RT. 1 P.O. BOX 144 HARPERSVILLE, AL 35078-0912			FILED WITH:	
Social Security/Tax ID #				
<input type="checkbox"/> Additional debtors on attached UCC-E				
3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person) CITICORP NATIONAL SERVICES INC formally known as: CITICORP ACCEPTANCE CO INC PO BOX 419063 ST LOUIS, MO 63141 Social Security/Tax ID #			4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)	
<input type="checkbox"/> Additional secured parties on attached UCC-E				
5. <input checked="" type="checkbox"/> This statement refers to original Financing Statement bearing File No. 07012			Date Filed 7/25 19 83	
Filed with SHELBY COUNTY				
6. <input checked="" type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective.				
7. <input type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above.				
8. <input type="checkbox"/> Partial or Full Assignment. The Secured Party's right under the financing statement bearing file number shown above to the property described in item 11 or to all of the property listed on this file, is assigned to the assignee whose name and address appears in item 4.				
9. <input type="checkbox"/> Amendment. Financing statement bearing file number shown above is amended as set forth in item 11.				
10. <input type="checkbox"/> Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above.				
11. <div></div>				
11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing: <div>600602</div>				
Check X if covered. <input type="checkbox"/> Products of Collateral are also covered.				
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			Type Name of Individual or Business	

Inst # 1993-03587

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SHELBY COUNTY JUDGE OF PROBATE
001 HCD 14.00

11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:

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