

REORDER FROM
Registers, Inc
514 PIERCE ST.
P.O. BOX 218
ANOKE, MN. 55303
(612) 421-1713

05/04/1995-11665
11:13 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
16.00
D01 SNA

223 553214

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

6 0 0 6 0 2

Check X if covered: ☐ 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)
CITICORP NATIONAL SERVICES, INC.

Type Name of Individual or Business

Type Name of Individual or Business

(1) FILING OFFICER COPY - ALPHABETICAL
(2) FILING OFFICER COPY - NUMERICAL

(3) FILING OFFICER COPY-ACKNOWLEDGEMENT
(4) FILE COPY - SECURED

(5) FILE COPY DEBTOR(S)

STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3
Approved by The Secretary of State of Alabama