

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

Important: Read Instructions on Back Before Filling out Form.

REORDER FROM  
Registered, 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 <b>CITICORP NATIONAL SERVICES INC</b> formally known as: <b>CITICORP ACCEPTANCE CO INC</b> PO BOX 419063 ST LOUIS, MO 63141			THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
Pre-paid Acct. # <u>008 585026</u>			<b>Inst # 1992-26959</b>  <b>11/14/1992-26959</b> <b>02:49 PM CERTIFIED</b> <b>SHELBY COUNTY JUDGE OF PROBATE</b> <b>001 MCD 14.00</b>	
2 Name and Address of Debtor (Last Name First if a Person)  <b>BRASHER, DAVID W.</b> ADD BELOW				
Social Security/Tax ID # _____				
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)  <b>BRASHER, JACKIE M.</b> 101 BRASHER AVENUE CHELSA, AL 35043			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) <b>CITICORP NATIONAL SERVICES INC</b> formally known as: <b>CITICORP ACCEPTANCE CO INC</b> PO BOX 419063 ST LOUIS, MO 63141			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. <u>019102</u>			Date Filed <u>1/21</u> 19 <u>88</u>	
Filed with <u>SHELBY COUNTY</u>				
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.				
008-585026			11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered 680 This Filing: 602	
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	
STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3 Approved by The Secretary of State of Alabama				