

**Important: Read Instructions on Back Before Filling out Form.**

REORDER FROM  
**Registré, 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> <b>PO BOX 419063</b> <b>ST LOUIS, MO 63141</b>  Pre-paid Acct. # _____				THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office  <div style="text-align: right;">Inst # 1992-27473 11/19/1992-27473 10:29 AM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE 14.00 001 MCD</div>	
2. Name and Address of Debtor (Last Name First if a Person) <b>JENSEN, ALLEN M .</b> <b>RT 3, BOX 1044 C</b> <b>BESSEMER, AL 35023</b>  Social Security/Tax ID # _____					
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)  <b>JENSEN, MARY E</b> <b>SAME</b>  Social Security/Tax ID # _____					
<input type="checkbox"/> Additional debtors on attached UCC-E				FILED WITH:	
3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person) <b>CITICORP NATIONAL SERVICES INC</b> <b>formally known as:</b> <b>CITICORP ACCEPTANCE CO INC</b> <b>PO BOX 419063</b> <b>ST LOUIS, MO 63141</b> 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 type="checkbox"/> This statement refers to original Financing Statement bearing File No. <b>019185</b> Filed with <b>SHELBY COUNTY</b>				Date Filed <b>02-02-</b> 19 <b>88</b>	
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 <input type="checkbox"/> 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. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing: <div style="display: flex; justify-content: space-between;"><div>600</div><div>602</div></div>					
016 520601					
Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.					
Signature(s) of Debtor(s)  Signature(s) of Debtor(s) (necessary only if item 9 is applicable)  Type Name of Individual or Business				CITICORP NATIONAL SERVICES INC. Signature(s) of Secured Party(ies) <i>[Signature]</i> Signature(s) of Secured Party(ies)  Type Name of Individual or Business	
(1) FILING OFFICER COPY - ALPHABETICAL		(3) FILING OFFICER COPY-ACKNOWLEDGEMENT		STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-1	
(2) FILING OFFICER COPY - NUMERICAL		(4) FILE COPY - SECURED		Approved by The Secretary of State of Alabama	
		(5) FILE COPY DESTROY(S)			