

**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  CITICORP NATIONAL SERVICES INC PO BOX 419063 ST LOUIS, MO 63141			THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
Pre-paid Acct. # _____ 2. Name and Address of Debtor (Last Name First if a Person) SPARKS, ODIES E. RT. 6 BOX 492 MONTEVALLO, AL 35115			Inst # 1992-27475  11/19/1992-27475 10:37 AM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE 14.00 001 MCO	
Social Security/Tax ID # _____ 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person) SPARKS, TAMMY M SAME				
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)  Social Security/Tax ID # _____ <input type="checkbox"/> Additional secured parties on attached UCC-E			FILED WITH:  4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)	
5. <input type="checkbox"/> This statement refers to original Financing Statement bearing File No. 019210 Filed with SHELBY COUNTY			Date Filed 02-05 1988	
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 585794			11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing: — 600 — 602 — _____ _____ _____ _____ _____ _____	
Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.			11-6-92	
Signature(s) of Debtor(s)			CITICORP NATIONAL SERVICES INC. 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	
(1) FILING OFFICER COPY - ALPHABETICAL	(3) FILING OFFICER COPY-ACKNOWLEDGEMENT	(5) FILE COPY DEBTOR(S)	STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3 Approved by The Secretary of State of Alabama	