## 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

Registré, Inc.
514 PIERCE ST.
P.O. BOX 216
ANOKA, MN. 55303
(612) 421-1713

☐ 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 pursuant to the Uniform Commercial Code.	iting Officer for
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER  Date, Time, Number & Filing Office	· · · · · · · · · · · · · · · · · · ·
CITICORP NATIONAL SERVICES INC		Date, Time, Teamber of Imag Office	
PO BOX 419063			
ST LOUIS, MO 63141			
•			
•			
Pre-paid Acct. #			
2. Name and Address of Debtor CHAPPELL, TERENCE F.	(Last Name First if a Person)		TIFIT I
RT. 4, BOX 415-A			
MONTEVALLE, AL 35115			Mary San Salam
			JON H
			# <b>* * * * *</b>
Social Security / Tax ID #	IY) (Last Name First if a Person)		
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			•••
Social Security/Tax ID #		FILED WITH:	<u> </u>
	<u> </u>		
Additional debtors on attached UCC-E  3. CHMETCOKREPESSAGE FOURED PSETRY	Last Name First & a Person)	4. ASSIGNEE OF SECURED PARTY (IF ANY)	(Last Name First if a Person)
formally known as:	TCES INC		
CITICORP ACCEPTANCE CO	TNC		
PO BOX 419063	1110		
ST LOUIS, MO 63141			
Social Security/Tax ID #			
☐ Additional secured parties on attached UCC-E			
5.  This statement refers to original Financing Statement bearing File No.  019182			
Filed withSHELBY_COUNTY		Date Filed 02 2	19 <u> 88</u>
<ul> <li>7.</li></ul>	s a security interest under the financing stateme or the financing statement bearing file number s or to all of the property listed on this file, is assig	shown above to the gned to the assignee him item 11.	
11.			11A Enter Code(a) From
yadar Marka Janda Janda			11A. Enter Code(s) From Back of Form That Best Describes The
<b>岩</b> 二七 3			Collateral Covered By This Filing:
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Check Arcanet Products of Cullateral are	also covered.	7 Z	
		n	
Signature(s) of Debtor(s)	<u> </u>	CISTECOMO SMATFONAL SERVI	CES INC.
Signature(s) of Debtor(s) (necessary only if iter	m 9 is applicable)	Signature(s) of Secured Party(ies)	**
Type Name of Individual or Business		Type Name of Individual or Business	
			CONTROL CODE FORMUSE A