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 218
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 Officer for filing pursuant to the Uniform Commercial Code.
1. Return copy or recorded original to CITICORP NATIONAL SERVICES	INC	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office
formally known as:		
CITICORP ACCEPTANCE CO INC		
PO BOX 419063		in the second se
ST LOUIS, MO 63141		
Pre-paid Acct. #	(Last Name First if a Person)	
SPRADLEY, LISA D. COOPER		第二人
P.O. BOX 276		がたち
STERRETT, AL 35147-0276		* <u>0</u> <u>1</u> 2
Social Security/Tax ID #		
2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)	て でき った。
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•	•	The state of the s
Social Security/Tax ID #		FILED WITH:
Additional debtors on attached UCC-E		<u> </u>
3. NAME AND ADDRESS OF SECURED PARTY) (Last N	lame First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
CITICORP NATIONAL SERVICES	INC	
formally known as:		
CITICORP ACCEPTANCE CO INC		
PO BOX 419063		
ST Spoints Street on attached UCC-E		
		515
5. This statement refers to original Financing Statement SHELBY COUNTY	nt bearing File No.	Date Filed 9/27 91
6. Continuation. The original financing statement betw	veen the foregoing Debtor and Secured I	
7. XI Termination. Secured Party no longer claims a sec		ent bearing the file number shown above.
☐ Full property described in item 11 or to al	If of the property listed on this file, is assig	
Assignment. whose name and address appears in 9. Amendment. Financing statement bearing file num	item 4. iber shown above is amended as set forti	h in item 11.
10. D Partial Secured Party releases the collateral	described in item 11 from the financing :	
Release number shown above. 11.		<u> </u>
010 564600	•	11A. Enter Code(s) From
018 564609	·	Back of Form That Best Describes The Collateral Covered
		By This Filling:
		<u>6.0.0</u> .6.0
		——————————————————————————————————————
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Check X if covered: Products of Collateral are also	covered.	$-\Omega_{0}$
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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		CITICORP NATIONAL SERVICES, INC Type Name of Individual or Business
The resident of profitted		TANDADD FORM ANTICONAL CODE FORMALICS