

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  
Register, Inc.  
514 PIERCE ST.  
P.O. BOX 214  
ANOKA, MN. 55301  
(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<br><b>CITICORP NATIONAL SERVICES INC</b><br><b>PO BOX 419063</b><br><b>ST LOUIS, MO 63141</b>                                                                                                                                                                      |     |                                     | THIS SPACE FOR USE OF FILING OFFICER<br>Date, Time, Number & Filing Office                                                                                                                                                                                                                                                                                                                                 |  |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pre-paid Acct. # _____                                                                                                                                                                                                                                                                                    |     |                                     | <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Inst # 1993-00309<br/>01/05/1993-00309<br/>03:59 PM CERTIFIED<br/>SHELBY COUNTY JUDGE OF PROBATE<br/>001 MCD 13.00</div>                                                                                                                                                                                                                |  |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. Name and Address of Debtor (Last Name First if a Person)<br><br><b>BATES, MARY S.</b><br><b>P.O. BOX 56</b><br><b>SHELBY, AL 35143-6201</b>                                                                                                                                                            |     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                            |  |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Social Security/Tax ID # _____                                                                                                                                                                                                                                                                            |     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                            |  |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)                                                                                                                                                                                                                                     |     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                            |  |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Social Security/Tax ID # _____                                                                                                                                                                                                                                                                            |     |                                     | FILED WITH:                                                                                                                                                                                                                                                                                                                                                                                                |  |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input type="checkbox"/> Additional debtors on attached UCC-E                                                                                                                                                                                                                                             |     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                            |  |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person)<br><b>CITICORP NATIONAL SERVICES INC</b><br><b>formally known as:</b><br><b>CITICORP ACCEPTANCE CO INC</b><br><b>PO BOX 419063</b><br><b>ST LOUIS, MO 63141</b><br>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. <u>019332</u><br>Filed with <u>SHELBY COUNTY</u>                                                                                                                                                       |     |                                     | Date Filed <u>02-18</u> 19 <u>88</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.                                                                                                                                                                                                                                                                                                       |     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                            |  |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.                                                                                                                                                                                                                     |     |                                     | 11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:<br><br><table border="1"><tr><td>600</td><td>602</td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> |  | 600 | 602 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 600                                                                                                                                                                                                                                                                                                       | 602 |                                     |                                                                                                                                                                                                                                                                                                                                                                                                            |  |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                           |     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                            |  |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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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                                                                                                                                                                                                                                                                       |     |                                     | Type Name of Individual or Business                                                                                                                                                                                                                                                                                                                                                                        |  |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (1) FILING OFFICER COPY - ALPHABETICAL<br>(2) FILING OFFICER COPY - NUMERICAL                                                                                                                                                                                                                             |     |                                     | (3) FILING OFFICER COPY - ACKNOWLEDGEMENT<br>(4) FILE COPY - SECURED<br>(5) FILE COPY DEBTOR(S)                                                                                                                                                                                                                                                                                                            |  |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3<br>Approved by The Secretary of State of Alabama                                                                                                                                                                                                     |     |                                     |                                                                                                                                                                                                                                                                                                                                                                                                            |  |     |     |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |