

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 218
ANDOKA, 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 formerly known as; CITICORP ACCEPTANCE CO, INC PO BOX 419063 ST. LOUIS, MO 63141 Pre-paid Acct. # _____		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office <div style="transform: rotate(-90deg); transform-origin: center;"> Inst # 1993-04531 </div> <div style="transform: rotate(-90deg); transform-origin: center;"> 02/17/1993-04531 08:11 AM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE 001 MCD 14.00 </div>
2. Name and Address of Debtor (Last Name First if a Person) LEDLOW, NORMAN D. PO BOX 86 VANDIVER, AL 35176 Social Security/Tax ID # _____		
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person) LEDLOW, MICKEY 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) *****SAME AS ABOVE***** Social Security/Tax ID # _____		FILED WITH: 019780 Date Filed 4-12-88 19__
<input type="checkbox"/> Additional secured parties on attached UCC-E		
5. <input type="checkbox"/> This statement refers to original Financing Statement bearing File No. _____ Filed with SHELBY CO.		
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.

SEE ATTACHED...

008 537068

11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:

600 602

Check X if covered: ☐ Products of Collateral are also covered.

CITICORP NATIONAL SERVICES, INC

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
(2) FILING OFFICER COPY - NUMERICAL

(3) FILING OFFICER COPY - ACKNOWLEDGEMENT
(4) FILE COPY - SECURED

(5) FILE COPY DEBTOR(S)

STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3
Approved by The Secretary of State of Alabama