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

Registre, Inc.
514 PIÈRCE 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.	
Return copy or recorded original to	· · · · · · · · · · · · · · · · · · ·	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
CITICORP NATIONAL SERVICES, INC formerly known as; CITICORP ACCEPTANCE CO, INC PO BOX 419063 ST. LOUIS, MO 63141		6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Pre-peid Acct. # 008 587212		5 0 E = =	
2. Name and Address of Debtor	(Last Name First if a Person)		
CARTER, JERRYW PO BOX 600 COLUMBIANA, AL 35051			
COLOIDEIMII, IIL COUL		# \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Social Security/Tax ID #	Y) (Last Name First if a Person)		
CARTER, KATHY SAME			
•			
Social Security/Tax ID #		FILED WITH:	
☐ Additional debtors on attached UCC-E			
3. NAME AND ADDRESS OF SECURED PARTY) (L	ast Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)	
*****SAME AS ABOVE** Social Security/Tax ID *			
Additional secured parties on attached UCC-E		019782	
5. This statement refers to original Financing Statement Filed withSHELB		Date Filed 4-12-88 19	
The original financing statement The original financing statement Termination. Secured Party no longer claims The Secured Party's right under property described in item 11 or Assignment. Assignment whose name and address appears Amendment Financing statement bearing file	a security interest under the financing statem or the financing statement bearing file number or to all of the property listed on this file, is assi	shown above to the gned to the assigned. In the item 11.	
SEE ATTATCHED		11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:	
SEE ATTAICHED		_600602_ ——— ——— ——— ———	
Check X if covered: Products of Collateral are	also covered.	· · · · · · · · · · · · · · · · · · ·	
Signature(s) of Debtor(s)		CITICORP NATIONAL SERVICES, INC Signature(s) of Secured Party(ies)	
Signature(s) of Debtor(s) (necessary only if iten	n 9 is applicable)	Signature(s) of Secured Party(les)	
Type Name of Individual or Business	······································	Type Name of Individual or Business STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3	