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 prefiling pursuant to the Uniform Comm	esented to a Filing Officer for nercial Code.
1. Return copy or recorded original to CITICORP NATIONAL SERVICES	TNC	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
formally known as:	140	,	<u> </u>
CITICORP ACCEPTANCE CO INC			60 00 10 10 10 10 10 10 10 10 10 10 10 10
PO BOX 419063			S S S S S S S S S S S S S S S S S S S
ST LOUIS, MO 63141			TEE
Pre-paid Acct. #	()	<u>.</u> .	**: M
2. Name and Address of Debtor	(Last Name First if a Person)		サール 一番 三
LUCAS, RONALD C. ADD BELOW			
ADD BELOW			in 27 H
			· · · · · · · · · · · · · · · · · · ·
Social Security/Tax ID #	(Last Name First if a Person)		
LUCAS, JOY	•		
P.O. BOX 630			
MONTEVALLO, AL 35115			
Social Security/Tax ID #		FILED WITH:	· · · · · · · · · · · · · · · · · · ·
☐ Additional debtors on attached UCC-E			•
3. NAME AND ADDRESS OF SECURED PARTY) (Last !		4. ASSIGNEE OF SECURED PARTY	(IF ANY) (Last Name First if a Person)
CITICORP NATIONAL SERVICES			
formally known as:	•		
CITICORP ACCEPTANCE CO INC		;	
PO BOX 419063 ST LOUIS, MO 63141			
ST LOUIS, MO 63141 Social Security/Tax ID #			
Additional secured parties on attached UCC-E	<u> </u>		<u> </u>
5.XX This statement refers to original Financing Stateme	int bearing File No9399	Data Filad 6/14	10 84
Filed withSHELBY_COUNTY		Date Filed	
6. Continuation. The original financing statement between the following statement between the first termination. Secured Party no longer claims a secured party no longer claims as secured party no longer	ween the foregoing Debtor and Secured curity interest under the financing statem	Party, bearing file number shown above, is still the number shown above.	enective.
8. Partial or The Secured Party's right under the	financing statement bearing file number all of the property listed on this file, is assi	shown above to the	
Assignment, whose name and address appears in	n item 4.		•
 9. Amendment Financing statement bearing file nur 10. Partial Secured Party releases the collatera 	mber shown above is amended as set for all described in item 11 from the financing	statement bearing file	
Release number shown above.		·	
11.			11A. Enter Code(s) From
008 504175			Back of Form That Best Describes The
			Collateral Covered By This Filing:
			600 602
·			
			
Check X if covered: Products of Collateral are also	covered		
		(10000	2m/
Signature(s) of Debtor(s)		Signature(s) of Seculed Pality(ies)	
<u> </u>		Signature(s) of Secured Party(ies)	
Signature(s) of Debtor(s) (necessary only if item 9 is	applicable)	CITICORP NATION	AL SERVICES, INC
Type Name of Individual or Business		Type Name of Individual or Busine	ess