

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
ANOKA, 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 formally 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	
2. Name and Address of Debtor (Last Name First if a Person) CLAY, HOMER ADD BELOW Social Security/Tax ID # _____				<div style="transform: rotate(-90deg); transform-origin: center;"> Inst # 1993-08868 04/02/1993-08868 08:46 AM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE 001 MCD 14.00 </div>	
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person) CLAY, JUNE P.O. BOX 93 HELENE, AL 35080 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) CITICORP NATIONAL SERVICES INC formally known as: CITICORP ACCEPTANCE CO INC PO BOX 419063 ST LOUIS, MO 63141 Social Security/Tax ID # _____					
<input type="checkbox"/> Additional secured parties on attached UCC-E				4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)	
5. <input checked="" type="checkbox"/> This statement refers to original Financing Statement bearing File No. 07250 Filed with SHELBY COUNTY				Date Filed 8/29 19 83	
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 <input type="checkbox"/> 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.					

008 540492

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

6 0 0 6 0 2

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

Signature(s) of Debtor(s)

Signature(s) of Debtor(s) (necessary only if item 9 is applicable)

Type Name of Individual or Business

Signature(s) of Secured Party(ies)

Signature(s) of Secured Party(ies)

CITICORP NATIONAL SERVICES, INC

Type Name of Individual or Business