

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.  
214 PIERCE ST.  
P.O. BOX 218  
ANN ARBOR, MI 48106  
(313) 963-1113

<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 790142 ST. LOUIS, MO 631790142  Pre-paid Acct. # <u>XXXXXXXXXX</u>		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office  <b>Inst. # 1993-11469</b> <b>04/26/1993-11469</b> <b>11:49 AM CERTIFIED</b> <b>SHELBY COUNTY JUDGE OF PROBATE</b> <b>DOI WCD 15:00</b>
2. Name and Address of Debtor (Last Name First if a Person)  EDWARDS, STAEPHEN D. RT 1, BOX 86 VANDIVER, AL 35176  Social Security/Tax ID # _____		
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)  EDWARDS, DONALD C. EDWARDS, BETTY J.  same  Social Security/Tax ID # _____		
<input type="checkbox"/> Additional debtors on attached UCC-E		FILED WITH:
3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person) CITICORP NATIONAL SERVICES, INC PO BOX 790142 ST. LOUIS, MO 631790142  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. _____ Filed with <u>SHELBY CO</u>		<u>020497</u> Date Filed <u>6-17</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.		

11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:	
600	602
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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

CITICORP NATIONAL SERVICES, INC  
Signature(s) of Secured Party(ies) [Signature]  
Signature(s) of Secured Party(ies)  
  
Type Name of Individual or Business

(1) FILING OFFICER COPY - ALPHABETICAL (3) FILING OFFICER COPY-ACKNOWLEDGEMENT  
(2) FILING OFFICER COPY - NUMERICAL (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