

**Important: Read Instructions on Back Before Filling out Form.**

REORDER FROM  
**Registré, Inc.**  
514 PIERCE ST.  
P.O. BOX 218  
ANOKE, 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. P O BOX 790142 ST. LOUIS, MO. 63179				THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office  <div style="text-align: right;">Inst # 1993-13512</div> <div style="text-align: right;">05/12/1993-13512 08:00 AM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE 14.00 100 MCD</div>	
Pre-paid Acct. #					
2. Name and Address of Debtor (Last Name First if a Person) WRAY, RENEE H. HOWARD, CURTIS G. RT. 1 BOX 448A VINECENT, AL. 35178					
Social Security/Tax ID #					
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)				FILED WITH:	
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. P O BOX 790142 ST. LOUIS, MO. 63179 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 checked="" type="checkbox"/> This statement refers to original Financing Statement bearing File No. 020367 Filed with SHELBY COUNTY				Date Filed June 13, 1988	
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. 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. 008-590778					
11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing: 600 602					
Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.					
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				CITICORP NATIONAL SERVICES, INC. Type Name of Individual or Business	
(1) FILING OFFICER COPY - ALPHABETICAL		(3) FILING OFFICER COPY-ACKNOWLEDGEMENT		(5) FILE COPY DEBTOR(S)	
(2) FILING OFFICER COPY - NUMERICAL		(4) FILE COPY - SECURED		STANDARD FORM - UNIFORM COMMERCIAL CODE - FORM UCC-1	
Approved by The Secretary of State of Alabama					