

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 PIERCE ST.
P.O. BOX 218
ANDOKA, 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 of recorded original to: CIVICORP NATIONAL SERVICES INC formally known as: CIVICORP ACCEPTANCE CO INC PO BOX 419063 ST LOUIS, MO 63141		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office Inst # 1993-17817 06/18/1993-17817 08:54 AM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE 001 NCD .00
2 Name and Address of Debtor (Last Name First if a Person) LADHAM, ROBERT C. 944 HWY 221 MONTEVALLO, AL 35110		
Pre-paid Acct # _____		
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) CIVICORP NATIONAL SERVICES INC formally known as: CIVICORP 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 019718 Filed with SHELBY COUNTY Date Filed 4/5 19 88		
6 <input type="checkbox"/> Continuation The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective		
7 <input checked="" 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.		

008 588186

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)
CIVICORP NATIONAL SERVICES, INC

Type Name of Individual or Business