

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 formerly known as; CITICORP ACCEPTANCE CO, INC PO BOX 790142 ST. LOUIS, MO 63179 Pre-paid Acct. # [REDACTED] | | THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office <div style="text-align: center;"> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Inst # 1993-18080</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">06/21/1993-18080</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">03:10 PM CERTIFIED</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">SHELBY COUNTY JUDGE OF PROBATE</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">001 MCD 14.00</p> </div> |
| 2. Name and Address of Debtor (Last Name First if a Person) WALLACE, JOHN W. WALLACE, DEBRA RT 1 BOX 350 LOT 73 PELHAM, AL 35124 Social Security / Tax ID # _____ | | FILED WITH: |
| 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person) 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 formerly known as; CITICORP ACCEPTANCE CO, INC PO BOX 790142 ST. LOUIS, MO 63179 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) <div style="text-align: center;"> <p>021050</p> <p>Date Filed <u>9-6</u> 19 <u>88</u></p> </div> |
| 5. <input type="checkbox"/> This statement refers to original Financing Statement bearing File No. _____ Filed with <u>SHELBY</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 <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. | | |

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

600 602

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

CITICORP NATIONAL SERVICES

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

Type Name of Individual or Business

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

(3) FILING OFFICER COPY-ACKNOWLEDGEMENT
(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