

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

REORDER FROM  
**Registré, 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<br>CITICORP NATIONAL SERVICES, INC<br>formerly known as;<br>CITICORP ACCEPTANCE CO, INC<br>PO BOX 790142<br>ST. LOUIS, MO 63179<br><br>Pre-paid Acct. # 008-542803                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                    |  | THIS SPACE FOR USE OF FILING OFFICER<br>Date, Time, Number & Filing Office                                                                        |  |
| 2. Name and Address of Debtor (Last Name First if a Person)<br><br>BICE, ROGER EUGENE<br>BICE, SHAREN DALE<br>RT 3 BOX 123<br>CALERA, AL 35040<br><br>Social Security/Tax ID #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                    |  | Inst # 1993-18081<br>06/21/1993-18081<br>03:12 PM CERTIFIED<br>SHELBY COUNTY JUDGE OF PROBATE<br>001 MCD 14.00                                    |  |
| 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)<br><br>Social Security/Tax ID #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                    |  |                                                                                                                                                   |  |
| 3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person)<br>CITICORP NATIONAL SERVICES, INC<br>formerly known as;<br>CITICORP ACCEPTANCE CO, INC<br>PO BOX 790142<br>ST. LOUIS, MO 63179<br>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 type="checkbox"/> This statement refers to original Financing Statement bearing File No. _____<br>Filed with SHELBY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                    |  | 021019<br>Date Filed 8-30 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.<br>7. <input type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above.<br>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.<br>9. <input type="checkbox"/> Amendment. Financing statement bearing file number shown above is amended as set forth in item 11.<br>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. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:<br>600 602                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                    |  |                                                                                                                                                   |  |
| Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                    |  |                                                                                                                                                   |  |
| Signature(s) of Debtor(s)<br><br>Signature(s) of Debtor(s) (necessary only if item 9 is applicable)<br><br>Type Name of Individual or Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                    |  | CITICORP NATIONAL SERVICES<br>Signature(s) of Secured Party(ies)<br>Signature(s) of Secured Party(ies)<br><br>Type Name of Individual or Business |  |
| (1) FILING OFFICER COPY - ALPHABETICAL<br>(2) FILING OFFICER COPY - NUMERICAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | (3) FILING OFFICER COPY-ACKNOWLEDGEMENT<br>(4) FILE COPY - SECURED |  | (5) FILE COPY DEBTOR(S)                                                                                                                           |  |
| STANDARD FORM - UNIFORM COMMERCIAL CODE - FORM UCC-<br>Approved by The Secretary of State of Alabama                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                    |  |                                                                                                                                                   |  |