

**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 CITICORP NATIONAL SERVICES, INC formerly known as; CITICORP ACCEPTANCE CO, INC PO BOX 790142 ST. LOUIS, MO 63179  Pre-paid Acct. # 008-542803				THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
2. Name and Address of Debtor (Last Name First if a Person)  BICE, ROGER EUGENE BICE, SHAREN DALE RT 3 BOX 123 CALERA, AL 35040  Social Security/Tax ID #				Inst # 1993-18081 06/21/1993-18081 03:12 PM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE 001 MCD 14.00	
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)  Social Security/Tax ID #					
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)	
5. <input type="checkbox"/> This statement refers to original Financing Statement bearing File No. 021019 Filed with SHELBY 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. 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. 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			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- Approved by The Secretary of State of Alabama					