

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 <div>223-500405</div>			THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
Pre-paid Acct. # _____			<div>Inst # 1993-25263</div> <div>08/23/1993-25263</div> <div>02:22 PM CERTIFIED</div> <div>SHELBY COUNTY JUDGE OF PROBATE</div> <div>16.00</div> <div>001 MCD</div>	
2. Name and Address of Debtor (Last Name First if a Person) DUNCAN, JOHN CHARLES DUNCAN, CHARLOTTE, W. RT 1 XXX county rd #109 COLUMBIANA, AL 35051				
Social Security/Tax ID # _____				
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)				
Social Security/Tax ID # _____			FILED WITH:	
<input type="checkbox"/> Additional debtors on attached UCC-E			4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)	
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				
<input type="checkbox"/> Additional secured parties on attached UCC-E				
5. <input type="checkbox"/> This statement refers to original Financing Statement bearing File No. _____ Filed with <u>SHELBY</u>			021571 Date Filed <u>11-18-88</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: <div>600</div> <div>602</div>				
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	
STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC Approved by The Secretary of State of Alabama				