

Important: Read Instructions on Back Before Filling out Form.

REORDER FROM
Registred, Inc.
514 PIERCE ST.
P.O. BOX 218
ANOKA, MN. 55303
(612) 421-1713

Inst # 1993-27746
09/10/1993-27746
02:51 PM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
DOY MCD 16.00

FILED WITH:

4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)

021646

Date Filed 11-23-88

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.

Signature(s) of Debtor(s)

Signature(s) of Debtor(s) (necessary only if item 9 is applicable)

Type Name of Individual or Business

~~CITICORP NATIONAL SERVICES, INC~~

Signature(s) of Secured Party(ies)

Signature(s) of Secured Party(ies)

Type Name of Individual or Business

(1) FILING OFFICER COPY - ALPHABETICAL

(3) FILING OFFICER COPY-ACKNOWLEDGEMENT

(4) FILE COPY - SECURED

(S) FILE COPY DEBTOR(S)

STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3
Approved by The Secretary of State of Alabama