STATE OF ALABAMA — UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC.

Important: Read Instructions on Back Before Filling out Form

Registre, Inc 514 PIERCE ST. P.O. BOX 218

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☐ 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 Filin filing pursuant to the Uniform Commercial Code.	g Officer for
1. Return copy or recorded original to CITICORP NATIONAL SERVICES, INC		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
formerly known as;	SERVICES, INC		
CITICORP ACCEPTANC	E CO.INC		. No.
PO BOX 790142			
ST.LOUIS,MO 63179		9	
	000 550500		NH
Pre-paid Acct. # 2. Name and Address of Debtor			STE8
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STEWART, WILLIAM STEWART, GLENDA			也只是
270 HORTON RD.	11 •		
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Social Security/Tax ID #			
	ANY) (Last Name First if a Person)		
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Social Security/Tax ID #		FILED WITH:	
☐ Additional debtors on attached UCC-E			
3. NAME AND ADDRESS OF SECURED PARTY) (Last Name First if a Person)		4. ASSIGNEE OF SECURED PARTY (IF ANY)	(Last Name First if a Person)
CITICORP NATIONAL			
formerly known as;			
CITICORP ACCEPTANC	E CO, INC		
PO BOX 790142 S T oia L SQUIJS _{XI} MO 63179			
	<u>. </u>	<mark></mark>	
Additional secured parties on attached UCC-E	<u> </u>	021605	
5. This statement refers to original Financing		021695 Date Filed 12-	1 88
Filed withSHELBY		Party, bearing file number shown above, is still effective.	
7. Termination. Secured Party no longer cla 8. Partial or The Secured Party's right up Full property described in item 1 Assignment. whose name and address a 9. Amendment Financing statement bearing	nims a security interest under the financing statem inder the financing statement bearing file number In or to all of the property listed on this file, is assi	nent bearing the file number shown above. shown above to the igned to the assignee th in item 11.	
11.			11A Enter Code(a) Error
			11A. Enter Code(s) From Back of Form That Best Describes The
	•		Coltateral Covered By This Filling:
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			600 - 602 -
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Check X if covered: Products of Collateral	are also covered.	<u> </u>	
· · · · · · · · · · · · · · · · · · ·		CITICORP NATIONAL S	ERVICES, INC
Signature(s) of Debtor(s)	<u> </u>	Signature(s) of Secured Party (es)	11.
	item 9 le anniicable)	Signature(s) of Secured Party(ies)	
Signature(s) of Debtor(s) (necessary only if	попто то аррпидиој		· · · · · · · · · · · · · · · · · · ·
Type Name of Individual or Business		Type Name of Individual or Business STANDARO FORM — UNIFOR	M COMMERCIAL CODE — FORM UCC-3