STATE OF ALABAMA — UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. — FORM UCC-3

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

☐ The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	This FINANCING STATEMENT is presenting pursuant to the Uniform Commercial	ted to a Filing Office al Code.	er for
Return copy or recorded original to CITICORP NATIONAL SERVICE	ES INC	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office		
formerly known as; CITICORP ACCEPTANCE CO, IN	N.C.			
PO BOX 790142	••		_	
ST.LOUIS,MO 63179			<u> </u>	は日本日本
01.L0010,M0 05177			90	
Pre-paid Acct. #			ij	0 H H 9
2. Name and Address of Debtor	(Last Name First if a Person)		, b	W III III
PORCH, TONY T.			Ŏ	9 D 3
ADDRESS BELOW			Ų: v ri	りとは
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			K H	# CU 55
Social Security/Tax ID #	(Last Name First if a Person)		,	- 4* 1
,	,,			
PORCH, SANDRA A				
RT 2 BOX 262C				
VINCENT AL 35178				
			- 1- 111-11	
Social Security/Tax ID #		FILED WITH:		
☐ Additional debtors on attached UCC-E				
3. NAME AND ADDRESS OF SECURED PARTY) (Last I		4. ASSIGNEE OF SECURED PARTY (1	FANY) (L	ast Name First if a Person)
CITICORP NATIONAL SERVIC	ES, INC			
PO BOX 790142				
ST.LOUIS,MO 63179				
	•			
Social Security/Tax ID #				
Additional secured parties on attached UCC-E				
5. This statement refers to original Financing Stateme	ent bearing File No. 9202			
Filed with SHELBY COUNTY		Date Filed MAY 17	19	84
Full property described in item 11 or to a Assignment, whose name and address appears it. 9. Amendment Financing statement bearing file number 10. Partial Secured Party releases the collaters number shown above.	ecurity interest under the financing state e financing statement bearing file numbe all of the property listed on this file, is as	ment bearing the file number shown above. It shown above to the signed to the assignee with in item 11.	ve .	
11.				Catan Dadata Saa
•				Enter Code(s) From Back of Form That Boot Describes The
				Best Describes The Collateral Covered By This Filipp 0 602
021915				by tais rinings o o o o
JAN 9, 1989				
011 52111-110				
014-534610				
;·				
Check X if covered: Products of Collateral are also	covered.	CITICORP N	ATIONAL S	ERVICES, INC
	•	OT LICONT		- • - ·
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies)		
Signature(s) of Debtor(s) (necessary only if item 9 is	applicable)	Sighature(s) of Secured Party(ies)	un	
Type Name of Individual or Business		Type Name of Individual or Business	1 15 15 25 4 2 5 5 4 4	ERCIAL CODE — FORM LICC-3