

# 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  
**Registred, Inc.**  
514 PIERCE ST.  
P.O. BOX 218  
ANOKEA, 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<br><br><b>CIVICORP NATIONAL SERVICES, INC</b><br>formerly known as:<br><b>CIVICORP ACCEPTANCE CO., INC.</b><br>P.O. BOX 790142<br>ST. LOUIS, MO 63179                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     | THIS SPACE FOR USE OF FILING OFFICER<br>Date, Time, Number & Filing Office                                                                                                                                                                                                                                                                                                                                                              |
| 2. Name and Address of Debtor (Last Name First if a Person)<br><br><b>ABBOTT, RONALD E</b><br><b>152 PLOUGHMAN CIRCLE</b><br><b>HARPERSVILLE, AL 35076-9465</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     | <div style="writing-mode: vertical-rl; transform: rotate(180deg);">                         Inst # 1993-39730                     </div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">                         12/10/1993-39730<br/>                         03:01 PM CERTIFIED<br/>                         SHELBY COUNTY JUDGE OF PROBATE<br/>                         001 MEL 16.00                     </div> |
| Social Security/Tax ID # _____<br>2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)<br><br><b>ABBOTT, MARY SUE</b><br><b>152 PLOUGHMAN CIRCLE</b><br><b>HARPERSVILLE, AL 35076</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Social Security/Tax ID # _____<br><input type="checkbox"/> Additional debtors on attached UCC-E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person)<br><br><b>CIVICORP NATIONAL SERVICES, INC</b><br>formerly known as:<br><b>CIVICORP ACCEPTANCE CO., INC.</b><br>P.O. BOX 790142<br>ST. LOUIS, MO 63179                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Social Security/Tax ID # _____<br><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 checked="" type="checkbox"/> This statement refers to original Financing Statement bearing File No. <b>09303</b><br>Filed with <b>SHELBY COUNTY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                     | FILED WITH:<br><br>Date Filed <b>6/4</b> 19 <b>84</b>                                                                                                                                                                                                                                                                                                                                                                                   |
| 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.<br>7. <input type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above.<br>8. <input type="checkbox"/> Partial or 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.<br>9. <input type="checkbox"/> Amendment. Financing statement bearing file number shown above is amended as set forth in item 11.<br>10. <input type="checkbox"/> Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above. |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                         |

008 502260

11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:

**6 0 0      6 0 2**

Check X-if covered: ☐ 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)  
**CIVICORP NATIONAL SERVICES, INC**

Type Name of Individual or Business

Type Name of Individual or Business