

Important: Read Instructions on Back Before Filling out Form.

REORDER FROM
Registré, Inc.
514 PIERCE ST.
P.O. BOX 218
ANOKE, 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 CULPEPPER, JEFFERY L. 707 CAMP BRANCH RD ALABASTER, AL 35007			THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office <div style="text-align: right;">Inst # 1993-40021 12/14/1993-40021 10:09 AM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE 081 KJS .00</div>
Pre-paid Acct. # _____			
2. Name and Address of Debtor (Last Name First if a Person) CULPEPPER, JEFFERY L. 707 CAMP BRANCH RD ALABASTER, AL 35007			
Social Security/Tax ID # _____			
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)			
Social Security/Tax ID # _____			
<input type="checkbox"/> Additional debtors on attached UCC-E			FILED WITH:
3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person) CITICORP NATIONAL SERVICES, INC formerly known as: CITICORP ACCEPTANCE CO., INC. P.O. BOX 790142 ST. LOUIS, MO 63179 Social Security/Tax ID # _____			4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
<input type="checkbox"/> Additional secured parties on attached UCC-E			
5. <input checked="" type="checkbox"/> This statement refers to original Financing Statement bearing File No. 021235 Filed with SHELBY COUNTY			Date Filed 9/30 , 19 88
6. <input type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective. 7. <input checked="" 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 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. 008 594978			11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing: <div style="float: right;"><u> 6 0 0 </u> <u> 6 0 </u> _____ _____ _____ _____ _____ _____</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) <i>Clustering Term</i>
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)			Signature(s) of Secured Party(ies) CITICORP NATIONAL SERVICES, INC
Type Name of Individual or Business			Type Name of Individual or Business

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