

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

<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: CITICORP NATIONAL SERVICES, INC formerly known as: CITICORP ACCEPTANCE CO., INC. P.O. BOX 790142 ST. LOUIS, MO 63179				THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office <div style="text-align: right;">FILED APR 25 1994 SHREVEPORT, LA CLERK OF COURT</div>	
Pre-paid Acct. # _____					
2. Name and Address of Debtor (Last Name First if a Person) BLACKERBY, EDWARD E. RT. 1 MAYLENE, AL					
Social Security/Tax ID # _____					
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person) BLACKERBY, JOYCE SAME				FILED WITH: 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)	
Social Security/Tax ID # _____					
<input type="checkbox"/> Additional debtors on attached UCC-E					
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 # _____					
<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. 09018 Filed with SHELBY COUNTY				Date Filed 4/23 19 84	
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. 7. <input 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 The Secured Party's right under the financing statement bearing file number shown above to the <input type="checkbox"/> Full property described in item 11 or to all of the property listed on this file, is assigned to the assignee Assignment 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 Secured Party releases the collateral described in item 11 from the financing statement bearing file Release number shown above.					
11. 018 536961					
11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing: <div style="display: flex; justify-content: space-between;"><div>6 0 0</div><div>6 0</div></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>Claudia Henry</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	