

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 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 PO BOX 790142 ST. LOUIS, MO 63179 Pre-paid Acct. # _____				THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
2. Name and Address of Debtor (Last Name First if a Person) SCOTT, BOBBY LEE RT 1 BOX 97 CALERA AL Social Security / Tax ID # _____				Inst # 1994-04937 02/14/1994-04937 12:41 PM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE 1001 MCD 15.00	
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person) Social Security / Tax ID # _____					
3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person) CITICORP NATIONAL SERVICES, INC formerly known as; CITICORP ACCEPTANCE CO, INC PO BOX 790142 ST. LOUIS, MO 63179 Social Security / Tax ID # _____					
☐ Additional secured parties on attached UCC-E				4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)	
5. ☐ This statement refers to original Financing Statement bearing File No. 022413 Filed with SHELBY COUNTY				Date Filed MAR 14 89 19	
6. ☒ Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective. 7. ☐ Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above. 8. ☐ 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. ☐ Amendment. Financing statement bearing file number shown above is amended as set forth in item 11. 10. ☐ Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above.					
11. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing: 008 548164 600 602					
Check X if covered: ☐ Products of Collateral are also covered.					
Signature(s) of Debtor(s) Signature(s) of Debtor(s) (necessary only if item 9 is applicable) Type Name of Individual or Business				CITICORP NATIONAL SERVICES, INC Signature(s) of Secured Party(ies) Signature(s) of Secured Party(ies) Type Name of Individual or Business	
STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC Approved by The Secretary of State of Alabama					