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 PIÈRCE 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 fiting pursuant to the Uniform Commercial Code.	
Return copy or recorded original to	······································	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
STANLEY, DONALD J.			
354 PILGREEN DR.			
CALERA, AL 35040			4 0 H
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Den maid 4 - at #			0 4H = 5
Pre-paid Acct. # 2. Name and Address of Debtor	(Last Name First if a Person)		
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SAME AS ABOVE	•		
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Social Security/Tax ID #	(Last Name First if a Person)		الما الما الما الما الما الما الما الما
2A. Name and Address of Deptor (# Aler)	(Cape Hamile) Hat is a largery		
STANLEY, EVELYN			
SAME			
Q1.III.			
	•		
Social Security/Tax ID #		FILED WITH:	V
☐ Additional debtors on attached UCC-E			
3. NAME AND ADDRESS OF SECURED PARTY) (La	st Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF AN)	Y) (Last Name First if a Person)
CITICORP NATIONAL SERVI	ICES, INC		
formerly known as: CITICORP ACCEPTANCE CO	TNC		
P.O. BOX 790142	., rac.		
ST. LOUIS, MO 63179			
Social Security/Tax ID #	· · · · · · · · · · · · · · · · · · ·		
☐ Additional secured parties on attached UCC-E			
	021202	<u>, </u>	
5. XI This statement refers to original Financing State SHELBY COUNTY	ement bearing File No.	Date Filed9/28	19 88
7 7/02 47 (II)	hetween the foregoing Debtor and Secured F	Party, bearing file number shown above, is still effective.	
7. ***Termination. Secured Party no longer claims a	security interest under the financing stateme	ent bearing the file number shown above.	
	the financing statement bearing file number s to all of the property listed on this file, is assig		
Assignment, whose name and address appear	rs in Item 4.		
9. Amendment Financing statement bearing file in 10. Partial Secured Party releases the collate	number shown above is amended as set forth eral described in item 11 from the financing :	statement bearing file	
Release number shown above.			<u> </u>
11.		•	
223 552802			11A. Enter Code(s) From Back of Form That Best Describes The
			Collateral Covered By This Filing:
			<u>6 0 0 6 0</u>
			<u> </u>
•			
Check X if covered: Products of Collateral are a	Iso covered.		
		('lante	\sim
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies)	
	<u> </u>	Signature(s) of Secured Party(ies)	- 200
Signature(s) of Debtor(s) (necessary only if item 5	y is applicable)	Signature(s) of Secured Party(les) CITICORP NATIONAL SE	RVICES, INC
Type Name of Individual or Business		Type Name of Individual or Business	
(1) FILING OFFICER COPY - ALPHABETICAL (3) FILING	S OFFICER COPY-ACKNOWLEDGEMENT	STANDARD FORM — U STANDARD FORM — U Approved to	JNIFORM COMMERCIAL CODE — FORM UC by The Secretary of State of Alabama

(2) FILING OFFICER COPY - NUMERICAL