

# 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  
**Registre, Inc.**  
514 PIERCE ST.  
P.O. BOX 218  
ANDOKA, 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 FORMERLY KNOWN AS CITICORP ACCEPTANCE CO., INC. P O BOX 790142 ST. LOUIS, MO. 63179  Pre-paid Acct. # _____		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office  <div style="transform: rotate(-90deg); transform-origin: center;">             Inst # 1994-05623               02/18/1994-05623              03:17 PM CERTIFIED              SHELBY COUNTY JUDGE OF PROBATE              17.00              001 MCD           </div>
2. Name and Address of Debtor (Last Name First if a Person)  HUDSON, ROBERT L. & ROBERT S. SOUTH GATE M.H. PK. LOT 12 E. PELHAM, AL. 35124  Social Security/Tax ID # _____		
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)  HUDSON, LOIS C. (SAME)  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 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		FILED WITH:
5. <input checked="" type="checkbox"/> This statement refers to original Financing Statement bearing File No. <u>022607</u> Filed with <u>SHELBY</u>		Date Filed <u>APRIL 4,</u> 19 <u>89</u>
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 <input type="checkbox"/> Full. 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. <u>008-510511</u>	11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:  <div style="display: flex; justify-content: space-around;"> <span><u>6 0 0</u></span> <span><u>6 0 2</u></span> </div>
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Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.	<div style="margin-bottom: 10px;">          Signature(s) of Secured Party(ies)       </div> <div>         Signature(s) of Debtor(s) (necessary only if item 9 is applicable)           Type Name of Individual or Business       </div>
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