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 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.
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office
CITICORP NATIONAL SERVI	CES.INC	
formerly known as; CITI(
PO BOX 790142		. m
ST.LOUIS,MO 63179		
	;	5976 3976 3988 3988
Pre-paid Acct. #		
2. Name and Address of Debtor	(Last Name First if a Person)	2 2 3
WYDEMAN, DEXTER		VI m
RT 1 BOX 88A		
STERRETT AL 35147		
		t to the time to t
Social Security/Tax ID:#	······································	
2A. Name and Address of Debtor (IF A	NY) (Last Name First if a Person)	
WYDEMON, TERRI J.		
SAME AS ABOVE		
Social Security/Tax ID #		FILED WITH:
☐ Additional debtors on attached UCC-E		
3. NAME AND ADDRESS OF SECURED PARTY)	(Last Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
CITICORP NATIONAL SERVI		
formerly known as;CITIC	ORP ACCEPTANCE CO, INC	
PO BOX 790142		
ST.LOUIS, MO 63179 Social Security/Tax ID #	<u></u>	
☐ Additional secured parties on attached UCC-E	·	
5. This statement refers to original Financing S	statement bearing File No022606	
Filed with SHELBY COUNTY		Date Filed <u>APR 4</u>
7. Termination. Secured Party no longer claim 8. Partial or The Secured Party's right und Full property described in item 11 Assignment whose name and address app 9. Amendment Financing statement bearing	ns a security interest under the financing stateme der the financing statement bearing file number st or to all of the property listed on this file, is assign	nown above to the ned to the assignee in item 11.
11.		
000 500540		11A. Enter Code(s) From Back of Form That
008 508549		Best Describes The Collateral Covered
		By This Filing:
		60 0 60 2
		
		
Check X if covered: Products of Collateral a	re also covered.	
Cianaturale) of Cabinala)	· · · · · · · · · · · · · · · · · · ·	CITICORP NATIONAL SERVICES, INC Signature(s) of Secured Party(les)
Signature(s) of Debtor(s)		
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)		Signature(s) of Secured Party(ies)
Type Name of Individual or Business (1) FILING OFFICER COPY - ALPHABETICAL (3) FI	ILING OFFICER COPY-ACKNOWLEDGEMENT	Type Name of Individual or Business STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC
CONTRACTOR OF THE CONTRACT COME. (3) FI	and the state of t	A The Contains of State of Alphama