


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 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="text-align: center;"> Inst. # 1994-07293 03/07/1994-07293 10:16 AM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE 001 MCD 15.00 </div>
2. Name and Address of Debtor (Last Name First if a Person) DENTY, LARRY W. 649 GALLUPS CROSS ROADS HARPERSVILLE, AL. 35078 Social Security/Tax ID # _____		FILED WITH:
2A. Name and Address of Debtor (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 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) Date Filed <u>MAY 8</u> , 19 <u>89</u>
<input type="checkbox"/> Additional secured parties on attached UCC-E		11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing: <div style="text-align: center;"> <u>6 0 0</u> <u>6 0 2</u> _____ _____ _____ _____ _____ _____ </div>
5. <input checked="" type="checkbox"/> This statement refers to original Financing Statement bearing File No. <u>022924</u> Filed with <u>SHELBY COUNTY</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 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. <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>008-537829</u>		
Check X if covered: <input type="checkbox"/> 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		<div style="text-align: center;">  Signature(s) of Secured Party(ies) Signature(s) of Secured Party(ies) CITICORP NATIONAL SERVICES Type Name of individual or Business </div>