

**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, 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  <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Inst # 1994-13212</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">           04/22/1994-13212            11:14 AM CERTIFIED            SHELBY COUNTY JUDGE OF PROBATE            .00         </div> </div>			
2. Name and Address of Debtor (Last Name First if a Person)  FOSTER, TONY G. ROUTE 1 BOX 99B COLUMBIANA AL 35051-9728  Social Security/Tax ID # _____					
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)  FOSTER, SANDRA G. SAME AS ABOVE  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, INC formerly known as; CITICORP ACCEPTANCE CO, INC PO BOX 790142 ST. LOUIS, MO 63179  <input type="checkbox"/> Additional secured parties on attached UCC-E		4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)          FILED WITH:			
5. <input type="checkbox"/> This statement refers to original Financing Statement bearing File No. <u>025770</u> Filed with <u>SHELBY COUNTY</u>		Date Filed <u>JUNE 15</u> 19 <u>90</u>			
6. <input type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective. 7. <input checked="" 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.  <div style="display: flex; justify-content: space-between;"> <span>008 523548</span> <div style="text-align: right;">           11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:            600 <u>    </u> 602 <u>    </u>            _____            _____            _____            _____            _____            _____         </div> </div>					
Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.					
Signature(s) of Debtor(s)		CITICORP NATIONAL SERVICES, INC Signature(s) of Secured Party(ies)			
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)		Signature(s) of Secured Party(ies)			
Type Name of Individual or Business		Type Name of Individual or Business			