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 p filling pursuant to the Uniform Com | | ficer for | |
|---|---|---|-----------------|--|--|
| Return copy or recorded original to | | THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office | ₹ | | |
| CITICORP NATIONAL S | SERVICES, INC | | | , A | |
| formerly known as; | | | O. | ╏Ш냁 | |
| CITICORP ACCEPTANCE CO, INC | | | | | |
| PO BOX 790142 | | | D D H E E | | |
| ST.LOUIS,MO 63179 | | | Ĩ | | |
| | | | 4 | 4000 | |
| Pre-paid Acct. # 2. Name and Address of Debtor | Last Name First if a Person) | - | ğ, | 5 1 | |
| BRADEN, MORRIS L. | (| | -4-4 | A SE | |
| ROUTE 2 BOX 28 M | · | | * | O B F | |
| COLUMBIANA AL 35051-9802 | | | 44 | ~ m ~ | |
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| | | | • • | | |
| Social Security/Tax ID # | | | | | |
| 2A. Name and Address of Debtor (IF A | NY) (Last Name First if a Person) | | | | |
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| | | | | | |
| Social Security/Tax ID # | | FILED WITH: | | ů | |
| 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 S | ERVICES, INC | | | | |
| formerly known as; | | | | | |
| CITICORP ACCEPTANCE | E CO,INC | | | | |
| POBOX 790142 | • | | | | |
| SOCIAL SECURITION DIA 63179 | | | | | |
| ☐ Additional secured parties on attached UCC-E | | | | | |
| – – – – – – – – – – – – – – – – – – – | 024876 | <u> </u> | | | |
| 5. This statement refers to original Financing St | atement bearing File No J.N.T.Y | MAR 6 | | 90 | |
| Filed With | | Date Filed | | | |
| 6. ☐ Continuation. The original financing statement 7. ☐_X Termination. Secured Party no longer claims | nt between the toregoing Debtor and Secured M is a security interest under the financing stateme | - | эпесиче. | | |
| 8. Partial or The Secured Party's right under | er the financing statement bearing file number st | | | | |
| ☐ Full property described in item 11 of Assignment, whose name and address applications. | or to all of the property listed on this file, is assignears in item 4. | ned to the assignee | | | |
| 9. Amendment Financing statement bearing fi | ile number shown above is amended as set forth | | | | |
| 10. Partial Secured Party releases the college number shown above. | flateral described in item 11 from the financing s | statement bearing file | | | |
| 11. | | | | | |
| 008 521872 | | | 11/ | A. Enter Code(s) From | |
| | | | | Back of Form That Best Describes The | |
| | | | | Cotlateral Covered By This Fiting: | |
| | | | | 600 602 | |
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| | | | | | |
| | | | | | |
| Check X if covered: Products of Collateral are | also covered. | | | | |
| | | CITICORP NATIO | NAL SERV | VICES, INC | |
| Signature(s) of Debtor(s) | | Signature(s) of Secured Party(ies) | | | |
| Signature(s) of Debtor(s) (necessary only if iter | m 9 is applicable) | Signature(s) of Secured Party(jes) | | | |
| Signatura(s) or Debtor(s) (necessary only inter | п в та аррисама) | (TALTU) | alk | | |
| Type Name of Individual or Business | | Type Name of Individual or Busines | | | |
| (1) FILING OFFICER COPY - ALPHABETICAL (3) FILI | ING OFFICER COPY-ACKNOWLEDGEMENT | STANDARD F | ORM UNIFORM COM | MMERCIAL CODE — FORM UCC-3 | |