

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	
2. Name and Address of Debtor (Last Name First if a Person) BICE, ROGER EUGENE RT 3 BOX 123 CALERA AL 35040 Social Security/Tax ID # _____				Inst # 1994-16224 05/19/1994-16224 12:39 PM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE DO1 MCD .00	
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person) BICE, SHAREN DALE BICE, SHAREN DALE 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 Social Security/Tax ID # _____ <input type="checkbox"/> Additional secured parties on attached UCC-E				4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)	
5. <input type="checkbox"/> This statement refers to original Financing Statement bearing File No. 18081 Filed with SHELBY CNTY				6-21 93 Date Filed _____ 19____	
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 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.					

008 542803

11A. Enter Code(s) From
Back of Form That
Best Describes The
Collateral Covered
By This Filing: 602

Check X if covered: ☐ 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

~~CITICORP NATIONAL SERVICES, INC~~

Signature(s) of Secured Party(ies)

Signature(s) of Secured Party(ies)

Type Name of Individual or Business