## 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.
814 PIERCE ST.
P.D. 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
	NAL SERVICES, INC	
formerly known as;		
CITICORP ACCEPTANCE CO, INC		
PO BOX 790142		
ST.LOUIS,MO 63179		
Pre-paid Acct. #	<del>-</del> \-	
2. Name and Address of Debtor	(Last Name First if a Person)	The second secon
COLE, KENNETH W	•	O OFES
RT. 4 BOX 1248		
	35007-9530	
		à b b Z
Social Security/Tax (D #		
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)		
COLE, DELAYNE C.		<b>グール 岩</b>
SAME		
		The state of the s
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 SERVICES, INC		a recording to the control of the co
formerly known as;		
CITICORP ACCEPTANCE CO, INC		
PO BOX 790142		
Social Security Fax LOUIS, MO 63179		•.
☐ Additional secured parties on attached UCC-E		
5. This statement refers to original Financing Statement bearing File No023793		
Filed with SHELBY COUNTY		Date Filed 8 / 20 19 89
<ul> <li>7.</li></ul>	ns a security interest under the financing statemed der the financing statement bearing file number s or to all of the property listed on this file, is assig	ned to the assignee
11.		- · · · · · · · · · · · · · · · · · · ·
008 516062		11A. Enter Code(s) From
		Back of Form That Best Describes The Collateral Covered
		By This Filing:
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		<del></del>
		<del></del>
		· ————
		. — — — — — — — — — — — — — — — — — — —
Check X if covered: Products of Collateral are	e also covered.	
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies)
		Signature(s) of Secured Party(ies)
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)  Type Name of individual or Business		Signature(s) of Secured Party(ies)
		CITICORP NATIONAL SERVICES, INC. Type Name of Individual or Business
(1) FILING OFFICER COPY - ALPHABETICAL. (3) FILING OFFICER COPY-ACKNOWLEDGEMENT		STANDARD FORM — UNIFORM COMMERCIAL CODE SORM USC 3