DEVIDE 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

| | 1000 | This FINANCING STATEMENT is pres | sented to a Filing Officer for |
|--|---|---|---|
| The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n). | No. of Additional Sheets Presented: | filing pursuant to the Uniform Comme | rcial Code. |
| Return copy or recorded original to | <u> </u> | THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office | eri M |
| CITICORP NATIONAL SEF | RVICES, INC | | Ö A W |
| formerly known as; | | | 一 |
| CITICORP ACCEPTANCE CO,INC | | | * nCET |
| PO BOX 790142 | | | D CES |
| ST.LOUIS, MO 63179 | | | 江 |
| | | | * |
| Pre-paid Acct. # | (Last Name First if a Person) | - - | |
| Name and Address of Debtor | tenet statue t not H a Ferson) | | が、さんと |
| BUTLER, LARRY A. PT 1 BOX 75 A | | | 그 됐고 우리 |
| RT 1 BOX 75 A CHELSEA AL 35043 | | 1 | E SUP |
| CHELSEA AL 35043 | | | |
| | | ļ | |
| | | | |
| Social Security/Tax ID # | | 1 | |
| A. Name and Address of Debtor (IF ANY | Y) (Last Name First if a Person) | | |
| | | | • |
| SHEILA BUTLER | | | |
| SAME AS ABOVE | | | |
| | | | |
| | | | |
| | | CH EPS CANTEL C | |
| Social Security / Tax ID # | <u></u> | FILED WITH: | ø |
| ☐ Additional debtors on attached UCC-E | | | |
| NAME AND ADDRESS OF SECURED PARTY) (L | ast Name First if a Person) | 4. ASSIGNEE OF SECURED PARTY | (IF ANY) (Last Name First if a Person) |
| CITICORP NATIONAL SE | | 1 | |
| | | | |
| formerly known as; | CO. INC | | |
| CITICORP ACCEPTANCE | O O , IN O | | |
| POBOX 790142 | | | |
| SSPCIALSONUTES 4×MP 0 63179 | | 7 | *, |
| Additional secured parties on attached UCC-E | <u></u> | <u> </u> | <u></u> |
| 5. This statement refers to original Financing Sta | tatement bearing File No. — 05628 | | 10 |
| Filed with CHELDY COLIN | TY | Date Filed B 18 | |
| □ □ □ □ Ctieveties. The original financing statemen | nt between the foregoing Debtor and Secured I | Party, bearing file number shown above, is still eleent bearing the file number shown above | AIBOUYG. |
| 7.XXX Termination. Secured Party no longer claims 8. Cl. Partial or The Secured Party's right under | is a security interest under the financing statem er the financing statement bearing file number t | shown above to the | |
| ☐ Full property described in item 11 o | or to all of the property listed on this file, is assig | igned to the assignee | |
| Assignment whose name and address appe | ears in item 4. He number shown above is amended as set fort | rth in item 11. | |
| 10. Partial Secured Party releases the coll | llateral described in item 11 from the financing | statement bearing file | |
| Release number shown above. | <u> </u> | | |
| 11. | | | 11A. Enter Code(s) From |
| 008 549543 | : | | Back of Form That Best Describes The |
| • | | | Collateral Covered By This Filing: |
| | | | 6 <u>00602</u> |
| | | | - <u></u> |
| | | • | |
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| | | • | |
| | | | |
| | | | |
| Check X if covered: Products of Collateral are | 'e also covered. | | |
| CHECK A R COVERED: L. Products of Collateral & | | ATTTAABB | WAL SERVVICES INC |
| | | CITICORP NATLO-1 Signature(s) of Secured Party(ies) | NAL SERVVICES, INC |
| Signature(s) of Debtor(s) | | <u>-</u> | |
| Signature(s) of Debtor(s) (necessary only if ite | m 9 is applicable) | signature(s) of Segured Party(ies) | 11,100 |
| | | Type Name of Individual or Busine | 98\$ |
| Type Name of Individual or Business | AND DESIGNATION ACKNOWLEDGEMENT | STANDARD | FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3 |