

**Important: Read Instructions on Back Before Filling out Form.**

REORDER FROM  
**Registré, Inc.**  
514 PIERCE ST.  
P.O. BOX 218  
ANOKE, MN. 55303  
(612) 421-1713

[illegible]

008 524660

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

(1) FILING OFFICER COPY - ALPHABETICAL  
(2) FILING OFFICER COPY - NUMERICAL

(3) FILING OFFICER COPY-ACKNOWLEDGEMENT  
(4) FILE COPY - SECURED

(5) FILE COPY DESTOR(S)

STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3  
Approved by The Secretary of State of Alabama

Signature(s) of Secured Party(ies)

Signature(s) of Secured Party(ies)

CITICORP NATIONAL SERVICES, INC.

Type Name of Individual or Business