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
Registre, Inc.
514 PIERCE ST.
P.O. BOX 218
ANOKA, MN. 55303
(612) 421-1713

		This SINIANCING STATEMENT IS DISSE	nted to a Filing Office	or for
The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented	This FINANCING STATEMENT is presentiling pursuant to the Uniform Commercial Turn Openics Commercial Tu	ial Code.	<u></u>
1. Return copy or recorded original to CITICORP NATIONAL SERVICES, INC		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office		
formerly known as:				
CITICORP ACCEPTANCE CO.,	INC.			
P.O. BOX 790142				
ST. LOUIS, MO 63179				in Id w
			ŭ	STE TO
Pre-paid Acct. #	(Last Name First if a Person)	; -	ď.	8488
PEEK, WALLACE D.	(44		6	るでは、
ROUTE 4 BOX 823			1	美田賞
ALABASTER, AL 35007			<u>or</u>	0 - 2 5
	•		4	でも
			*	The same
Social Security/Tax ID #			. 9	~ ₩ 🖽
2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)	1	īn	મળ માં જુ
	_		Ç. Yıl	april.
GRUBBS, GINGER G. & BEN	F.		·	
SAME				
	•			
Social Security/Tax ID #		FILED WITH:		
☐ Additional debtors on attached UCC-E				
3. NAME AND ADDRESS OF SECURED PARTY) (Las		4. ASSIGNEE OF SECURED PARTY	(IF ANY) (I	Last Name First if a Person)
CITICORP NATIONAL SERVIC	CES, INC			
formerly known as:	TNO			
CITICORP ACCEPTANCE CO.,	, INC.			
P.O. BOX 790142				
ST. LOUIS, MO 63179 Social Security/Tax ID #		-		
☐ Additional secured parties on attached UCC-E				
5. This statement refers to original Financing States	ment bearing File No011215			
Filed with SHELBY COUNT		Date Filed 3 / 4	1985	<u> </u>
Full property described in item 11 or to Assignment. whose name and address appears 9. Amendment Financing statement bearing file not 10. Partial Secured Party releases the collate number shown above.	security interest under the financing statement financing statement bearing file number so all of the property listed on this file, is assign	ent bearing the file number shown above. shown above to the qued to the assignee in item 11.	ctive.	
11.			_	F-4 0- 4-4-> F-
008 51824 1			11A.	Enter Code(s) From Back of Form That Best Describes The
				Collateral Covered By This Filing:
				6_0_0_ 6_0_2_
				
Check X if covered: Products of Collateral are als	so covered.			
		\sim	B -	1
Signature(s) of Debtor(s)	<u> </u>	Signature(s) of Secured Party(ies)	Hope	<u> </u>
Signature(s) of Debtor(s) (necessary only if item 9	is applicable)	Signature(s) of Secured Party(ies) CITICORP NATIONAL SE	RVICES. I	NC.
Type Name of Individual or Business		Type Name of Individual or Business		

(1) FILING OFFICER COPY - ALPHABETICAL

(2) FILING OFFICER COPY - NUMERICAL