

**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

Inst # 1994-33695

11/10/1994-33695  
12:57 PM CERTIFIED  
SHELBY COUNTY JUDGE OF PROBATE  
001 MCO 16.00

FILED WITH:

4. ASSIGNEE OF SECURED PARTY	(IF ANY)	(Last Name First if a Person)
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Date Filed 3/4 19 85

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 also covered

Signature(s) of Debtor(s)

Signature(s) of Secured Party(ies)

Signature(s) of Debtor(s) (necessary only if item 9 is applicable)

Signature(s) of Secured Party(ies)

CITICORP NATIONAL SERVICES, INC.

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 DEBTOR(S)

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