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 57.
P.O. 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 O filing pursuant to the Uniform Commercial Code.	fficer for
Return copy or recorded original to	TNC	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
ITICORP NATIONAL SERVICES,	I NC		
ormerly known as:			
CITICORP ACCEPTANCE CO., INC	/ •		. •
0.0. BOX 790142			
ST. LOUIS, MO 63179			
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Pre-paid Acct. #	(Last Name First if a Person)		労や田川
STOCINGS PUREN			20年 20年 20日
RIGGINGS, RUBEN		CO.	
P.O. BOX 408 HARPERSVILLE. AL 35078-0408	8		
HARPERSVILLE, AL 35078-0408		OT .	のない意
			アで海宝星
Social Security/Tax ID #			
2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)		N Did a
			O. O. B.
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RIGGINS, DOLLIE		· ;	
SAME		·	
Social Security/Tax ID #	<u> </u>	FILED WITH:	
☐ Additional debtors on attached UCC-E			
3. NAME AND ADDRESS OF SECURED PARTY) (Last N		4. ASSIGNEE OF SECURED PARTY (IF ANY)	(Last Name First if a Person)
CITICORP NATIONAL SERVICES,	INC		
formerly known as:			
CITICORP ACCEPTANCE CO., IN	ic.		
P.O. BOX 790142			
ST. LOUIS, MO 63179			
· · · · · · · · · · · · · · · · · · ·			
Additional secured parties on attached UCC-E		<u> </u>	
5. This statement refers to original Financing Stateme	ent bearing File No. 011863		
Filed with SHELBY COUNTY		Date Filed	<u> </u>
6. Continuation. The original financing statement bety			
	ecurity interest under the financing statem financing statement bearing file number	nent bearing the file number shown above. shown above to the	
Full property described in item 11 or to a	all of the property listed on this file, is assi-		
Assignment. whose name and address appears in 9. Amendment Financing statement bearing file numbers.	n item 4. mber shown above is amended as set fort	than item 11.	
	it described in item 11 from the financing		
Release number shown above.			
11.		· •	14 Enter Codoin) From
008 521807		,	1A. Enter Code(s) From Back of Form That Best Describes The
			Best Describes The Collateral Covered
			By This Filing:
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			<u> </u>
Charle Vit agreement	covered	î Î	
Check X if covered: Products of Collateral are also	COVELEG		
		Cladine Hem	
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)	TNC
organizates of a capital for fundadous Louis in trem a to		Signature(s) of Secured Party(les) CITICORP NATIONAL SERVICE	ED, INC.
Type Name of Individual or Business	FICER CORY.ACKNOWI EDGEMENT	Type Name of Individual or Business STANDARD FORM — UNIFORM O	OMMERCIAL CODE — FORM UCC-3