

**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
ANOAKA, MN. 55303
(612) 421-1713

<input type="checkbox"/> 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 Officer for filing pursuant to the Uniform Commercial Code.
1. Return copy or recorded original to Citicorp National Services, INC formerly known as: Citicorp Acceptance Co., INC P.O.Box 419063 St. Louis, MO 63141 Pre-paid Acct. # _____		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office <div style="text-align: center; font-size: 2em; transform: rotate(-90deg);"> Inst # 1994-36828 </div> <div style="text-align: center; font-size: 1.5em; transform: rotate(-90deg);"> 12/19/1994-36828 09:14 AM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE .00 001 MCD </div>
2. Name and Address of Debtor (Last Name First if a Person) Price, Anne M. P.O.Box 157 Alabaster, AL 35007 Social Security/Tax ID # _____		FILED WITH:
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person) Green, Patricia A. P.O.Box 157 Alabaster, AL 35007 Social Security/Tax ID # _____		
<input type="checkbox"/> Additional debtors on attached UCC-E		
3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person) Citicorp National Services, INC formerly known as: Citicorp Acceptance Co., INC P.O.Box 419063 St. Louis, MO 63141 Social Security/Tax ID # _____		4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
<input type="checkbox"/> Additional secured parties on attached UCC-E		
5. <input type="checkbox"/> This statement refers to original Financing Statement bearing File No. <u>18775</u> Filed with <u>Shelby</u>		Date Filed <u>12/14</u> 19 <u>87</u>
6. <input type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective. 7. <input checked="" type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above. 8. <input type="checkbox"/> Partial or <input type="checkbox"/> Full Assignment. The Secured Party's right under the financing statement bearing file number shown above to the property described in item 11 or to all of the property listed on this file, is assigned to the assignee whose name and address appears in item 4. 9. <input type="checkbox"/> Amendment. Financing statement bearing file number shown above is amended as set forth in item 11. 10. <input type="checkbox"/> Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above.		

018-563999

11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:

600 602

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)

Type Name of Individual or Business

Citicorp National Services
Type Name of Individual or Business