## 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

Registré, Inc.
514 PIERCE ST.
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 present filling pursuant to the Uniform Commercial		officer for	
Return copy or recorded original to	·	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office			
CITICORP NATIONAL SERVICES	S, INC	Date, Fillia, Homber at Filling Silves			
formerly known as:			- <b>-</b>	_	
CITICORP ACCEPTANCE CO., INC.			Q) IU	四里世	
P.O. BOX 790142			લું		-
ST. LOUIS, MO 63179			<u>5</u>	4 14 8	. S
Pre-paid Acct. #			1		
Name and Address of Debtor	(Last Name First if a Person)		9,	ស្ត	
Niv Oberlee M			64	<u></u> ;	<b>-</b> -
Nix, Charles M. 1851 CO RD 61s				# * * * * *	
Wilsonville, AL 35186			<del>- 11</del>	47	5 5 6 6 7 6 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7
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			يخ	0 0	₹
Social Security/Tax ID #			<b>}-4</b>	Ö	
2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)				
***					
Nix, Ina Sue					
same					
Social Security/Tax ID #	<del></del>	FILED WITH:			
Additional debtors on attached UCC-E				•	
<ol> <li>NAME AND ADDRESS OF SECURED PARTY) (Last N CITICORP NATIONAL SERVICE</li> </ol>		4. ASSIGNEE OF SECURED PARTY	(IF ANY)	(Last Name First i	f a Person)
formerly known as:	O, 1140				
CITICORP ACCEPTANCE CO.,	INC.				
P.O. BOX 790142					
ST. LOUIS, MO 63179 Social Security/Tax ID #					
Social Security/Tax1D #					
Additional secured parties on attached UCC-E	·				
5. This statement refers to original Financing Statemen	nt bearing File No. 021646				
Filed withShelby		Date Filed 11/23	19	<u>88</u>	
Full property described in item 11 or to all Assignment. Whose name and address appears in 9. Amendment Financing statement bearing file num 10. Partial Secured Party releases the collateral Release number shown above.	curity interest under the financing states linancing statement bearing file number I of the property listed on this file, is ass	ment bearing the file number shown above.  I shown above to the signed to the assignee arth in item 11.	tive.		
11,					
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008-554832				By This Filling: 600	602
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Check X if covered: Products of Collateral are also o	covered.		ha i ta i	<u> </u>	
•		CINNIA 'H	WALL	/	<u> </u>
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 Nationa	l Serv	ices	
Type Name of Individual or Business		Type Name of Individual or Business		OMMERCIAL CODE -	FORM UCC 2