

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

<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 790142 ST. LOUIS, MO 63179				THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
Pre-paid Acct. # _____				Inst # 1995-04304 02/17/1995-04304 09/22/95 SHELBY COUNTY JUDGE W. H. HARRIS	
2. Name and Address of Debtor (Last Name First if a Person) JOHNSON, DAVID H. ROUTE 4 BOX 46 MONTEVALLO, AL 35115-9204					
Social Security/Tax ID # _____					
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person) Social Security/Tax ID # _____				FILED WITH:	
<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 790142 ST. LOUIS, MO 63179 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 checked="" type="checkbox"/> This statement refers to original Financing Statement bearing File No. 12079 - 025453 Filed with SHELBY COUNTY Date Filed 6/19, 1985					
6. <input checked="" type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective.					
7. <input 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.					
11. 008 523225					
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: <input type="checkbox"/> Products of Collateral are also covered.					
Signature(s) of Debtor(s)				Signature(s) of Secured Party(ies) CITICORP NATIONAL SERVICES, INC.	
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				Type Name of Individual or Business	
(1) FILING OFFICER COPY - ALPHABETICAL		(3) FILING OFFICER COPY-ACKNOWLEDGEMENT		STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-	