05023 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
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 litting pursuant to the Uniform Commercial Code	Filing Officer for
Return copy or recorded original to CITICORP NATIONAL SERVICES, INC		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
formerly known as:			
CITICORP ACCEPTANCE CO., INC.			
P.O. BOX 790142			
ST. LOUIS, MO 63179			30.23
51. E0015, HO 021/2			4 th 8 s
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Pre-paid Acct. # 2. Name and Address of Debtor	(Last Name First if a Person)	· -	ស្ត្រ មួយ ទ
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PEARSON, CALVIN NATHAN			*: Q1
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MAYLENE, AL 35114-9754			نسبا <u>.</u>
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0 1 0 3 (T-115 #		i i	H 50
Social Security/Tax ID #	(Last Name First if a Person)		-
ZA. Name and Address of Cebiol	, (====================================		
DEADCON MARTHA LANE			
PEARSON, MARTHA JANE			
SAME			
		Fig. 55 140 Th	<u></u>
Social Security/Tax ID #	<u> </u>	FILED WITH:	
☐ Additional debtors on attached UCC-E			
3. NAME AND ADDRESS OF SECURED PARTY) (L.	ast Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF ANY)	(Last Name First if a Person)
CITICORP NATIONAL SERVI	CES, INC		
formerly known as:			
CITICORP ACCEPTANCE CO.	. INC.		
	•		
P.O. BOX 790142			
ST LOUIS MO 63179	······································		
Additional secured parties on attached UCC-E			<u>.</u>
5. This statement refers to original Financing Stat	tement bearing File No. 012189	625452	85
Filed with SHELBY COUNTY		Date Filed 7 / 2	19
7. Termination. Secured Party no longer claims 8. Partial or The Secured Party's right unde property described in item 11 or Assignment. whose name and address appears a	a security interest under the financing stater or the financing statement bearing file number or to all of the property listed on this file, is ass	r shown above to the signed to the assignee of	
11.			
008 523191			11A. Enter Code(s) From Back of Form That
			Best Describes The Collateral Covered
			By This Filing:
			<u>600602</u>
		, ,	
Check X if covered: Products of Collateral are also covered.			
		JAN MOUNT 1 AG	m
Signature(s) of Debtor(s)	· · · · · · · · · · · · · · · · · · ·	Signature(s) of Secured (arty(ies)	
Signature(s) of Debtor(s) (necessary only if item	n 9 is applicable)	Signature(s) of Secured Party(ies) CITICORP NATIONAL SER	RVICES, INC.
	<u> </u>	Type Name of Individual or Business	
Type Name of Individual or Business		STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3	