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 presented to a Filing Officer for filing pursuant to the Uniform Commercial Code.
Return copy or recorded original to	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office
iticorp National Services, INC formerly known as; iticorp Acceptance Co.,INC 2.0.Box 790142	
st. Louis, MO 63179	
Pre-paid Acct. #	
Johnson, Donald E.	95-14010 SERTIF
'.O.Box 2 Jilsonville, AL 35186	
	の元素
Social Security / Tax ID #	# # PEO # #
Johnson, Wendy D. ame	
Social Security (Tay ID #	FILED WITH:
Social Security/Tax ID # Additional debtors on attached UCC-E	
NAME AND ADDRESS OF SECURED PARTY) (Last Name First if a Person) iticorp National Services, INC ormerly known as; iticorp Acceptance Co., INC	4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
.0.Box 790142 t. Louis, MO 63179 Social Security? Tax ID #	
Additional secured parties on attached UCC-E	
5. This statement refers to original Financing Statement bearing File No. 023369	
Filed withShe1by	Date Filed6/231989
6. Continuation. The original financing statement between the foregoing Debtor and Secured 7.XXX Termination. Secured Party no longer claims a security interest under the financing statement Bearing file number. The Secured Party's right under the financing statement bearing file number property described in item 11 or to all of the property listed on this file, is ass whose name and address appears in item 4. 9. Amendment Financing statement bearing file number shown above is amended as set for Secured Party releases the collateral described in item 11 from the financing number shown above.	nent bearing the file number shown above. shown above to the signed to the assignee th in item 11.
	11A. Enter Code(s) From Back of Form That Best Describes The
	Callataral Caudian
08-513069	Collateral Covered By This Filling: 600 602
08-513069	By This Filling:
08-513069	By This Filling:
	By This Filling:
Check X if covered: ☐ Products of Collateral are also covered.	By This Filling:
Check X if covered: ☐ Products of Collateral are also covered. Signature(s) of Debtor(s)	By This Filing:
	By This Filing:6.00