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 filing pursuant to the Uniform Commercial C	to a Filing Officer for	
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office		
Citicorp National Secondary known as: Citicorp Acceptance 12443 Olive BLVD St. Louis, MO 63141	Co., INC			
2. Name and Address of Debtor	(Last Name First if a Perso	HI)		
Marshall Goggins 514 Highway 22 Montevallo, AL 35115-9998 Social Security/TaxiD#		AN CERTIF		
2A. Name and Address of Debtor (IF A	NY) (Last Name First if a Perso	>n)	Inst 106/16 08:41 961	
Social Security/Tax ID #		FILED WITH:		
Additional debtors on attached UCC-E				
3. NAME AND ADDRESS OF SECURED PARTY) Citicorp National Secure Citicorp National Secure Citicorp Acceptance 12443 Olive BLVD	ervices, INC	4. ASSIGNEE OF SECURED PARTY (IF A	NY) (Last Name First if a Person)	
St. Louis, MO 63141 Social Security/Tax ID #		<u>-</u>		
Additional secured parties on attached UCC-E				
5. This statement refers to original Financing S	Statement bearing File No. 1195-1	.1651		
Filed withSI	етру	Date Filed		
7. X Termination. Secured Party no longer clair 8. Partial or The Secured Party's right und Pull property described in item 11 Assignment, whose name and address apply 9. Amendment Financing statement bearing	ms a security interest under the financing st der the financing statement bearing file nun or to all of the property listed on this file, is	assigned to the assignee It forth in item 11.	11A. Enter Code(s) From Back of Form That	
		•	Best Describes The Collateral Covered By This Filing: 600	
223-500496			<u></u>	
	•			
-				
Check X if covered: Products of Collateral a	re also covered.	·····	<u> </u>	
Signature(s) of Debtor(s)	· · · · · · · · · · · · · · · · · · ·	Signature(s) of Secured Pay (ies)	Jarker)	
Signature(s) of Debtor(s) (necessary only if it	em 9 is applicable)	Signature(s) of Secured Party(ies) Citicorp Nation	Sincature(s) of Secured Party(ies) Citicorp National Servcies	
Type Name of Individual or Business		Type Name of Individual or Business		
\(\(\)\(\)\(\)	FILING OFFICER COPY-ACKNOWLEDGEMENT FILE COPY - SECURED	(5) FILE COPY DEBTOR(S) STANDARD FORM — Approve	 UNIFORM COMMERCIAL CODE — FORM UCC- d by The Secretary of State of Alabama 	