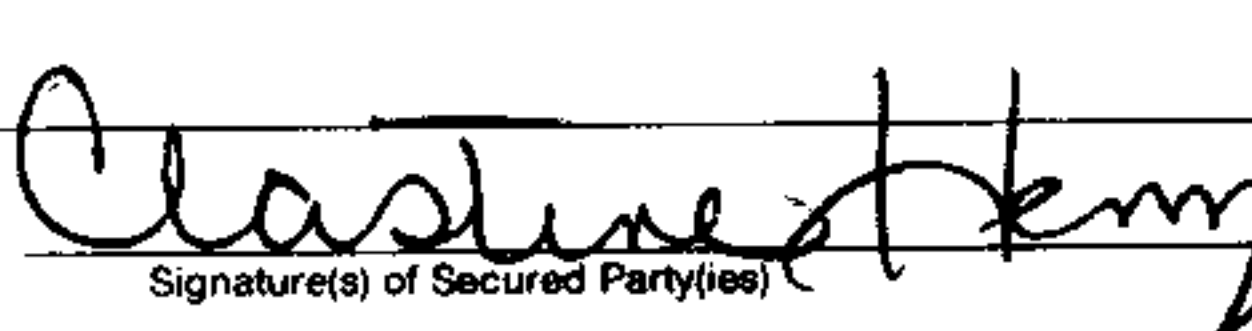


# STATE OF ALABAMA — UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. — FORM UCC-3

**Important: Read Instructions on Back Before Filling out Form.**

REORDER FROM  
**Registre, Inc.**  
514 PIERCE ST.  
P.O. BOX 218  
ANDOKA, 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 <b>CITICORP NATIONAL SERVICES., INC.</b> formerly known as: <b>CITICORP ACCEPTANCE CO., INC.</b> 15851 CLAYTON RD. ST. LOUIS, MO 630112297		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office  <div style="text-align: center; font-weight: bold; font-size: 1.2em;">             Inst # 1995-15717               06/16/1995-15717              08:49 AM CERTIFIED              SHELBY COUNTY JUDGE OF PROBATE              16.00              DBL HCD           </div>
2. Name and Address of Debtor (Last Name First if a Person)  <b>FULLER, WAYNE C.</b> 831 HIGHWAY 9 WILSONVILLE, AL 35186-9567		FILED WITH:
Social Security/Tax ID # _____		
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)  <b>FULLER, MARGARET N.</b> SAME		
Social Security/Tax ID # _____		
<input type="checkbox"/> Additional debtors on attached UCC-E		4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person)  <b>CITICORP NATIONAL SERVICES., INC.</b> formerly known as: <b>CITICORP ACCEPTANCE CO., INC.</b> 15851 CLAYTON RD. ST. LOUIS, MO 630112297		
Social Security/Tax ID # _____		
<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. <u>013440</u> Filed with <u>SHELBY COUNTY</u>		Date Filed <u>1/15</u> 19 <u>86</u>
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 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.		
563007 (008)		11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing: <div style="text-align: center; font-weight: bold; font-size: 1.2em;">             6 0 0 6 0 2           </div>
Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.		
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) <b>CITICORP NATIONAL SERVICES, INC.</b>
Type Name of Individual or Business		Type Name of Individual or Business