

Important: Read Instructions on Back Before Filling out Form.

REORDER FROM
Registré, Inc.
514 PIERCE ST.
P.O. BOX 218
ANOKA, MN. 55203
(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. 15851 CLAYTON RD. ST. LOUIS, MO 630112297				THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
Pre-paid Acct. #				<div>Inst # 1995-18143</div> <div>07/11/1995-18143</div> <div>01:32 PM CERTIFIED</div> <div>SHELBY COUNTY JUDGE OF PROBATE</div> <div>15.00</div> <div>001 MEL</div>	
2. Name and Address of Debtor		(Last Name First if a Person)			
WEBB, RICHARD D. P.O. BOX 275 MONTEVALLO, AL 35115					
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				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)					
CITICORP NATIONAL SERVICES., INC. formerly known as: CITICORP ACCEPTANCE CO., INC. 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. 013531				Date Filed 1/10 19 86	
Filed with SHELBY COUNTY					
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 560524					
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)		Type Name of Individual or Business			
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-3	
(2) FILING OFFICER COPY - NUMERICAL		(4) FILE COPY - SECURED		Approved by The Secretary of State of Alabama	
		(5) FILE COPY DEBTOR(S)			