

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

<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 style="transform: rotate(-90deg);">Inst # 1995-18150</div> <div style="transform: rotate(-90deg);">07/11/1995-18150 01:38 PM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE 15:00 001 HEL</div>		
2. Name and Address of Debtor HAGENS, EDWARD D. BELLE VISTA MHP LOT 148 PELHAM, AL 35124					
Social Security/Tax ID #					
2A. Name and Address of Debtor (IF ANY) Social Security/Tax ID #			FILED WITH:		
<input type="checkbox"/> Additional debtors on attached UCC-E					
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			4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)		
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. 012582 Filed with SHELBY COUNTY			Date Filed 1/21 19 86		
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 529255

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: ☐ 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)

CITICORP NATIONAL SERVICES, INC

Type Name of Individual or Business

Type Name of Individual or Business