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 STA	ATEMENT is presented to a Uniform Commercial Code	Filing Officer for
1. Return copy or recorded original to CITICORP NATIONAL SERVIOR formerly known as:		THIS SPACE FOR USE OF Fill Date, Time, Number & Filling C	ING OFFICER	
CITICORP ACCEPTANCE CO.	, INC.			•
15851 CLAYTON RD. ST. LOUIS, MO 630112297				→
31. E0013, MO 03011229	•			
Pre-paid Acct. #				
2. Name and Address of Debtor	(Last Name First if a Person)			
KOVAKAS, GEORGE J.				8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
4 GREENPARK SOUTH				₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩ ₩
PELHAM, AL 35124				」 でを 産 望
•				T 5 5
•				# 77 m
Social Security/Tax ID #				2 2 3
2A. Name and Address of Debtor (IF AN	Y) (Last Name First if a Person)			
POWELL, MELIA A., SYBIL SAME	N. & FRED M.			
Social Security/Tax ID #		FILED WITH:		
Additional debtors on attached UCC-E				
3. NAME AND ADDRESS OF SECURED PARTY) (Last Name First if a Person)		4. ASSIGNEE OF SECURED	PARTY (IF ANY)	(Last Name First if a Person)
CITICORP NATIONAL SERVI	CES., INC.			
formerly known as:	****			4
CITICORP ACCEPTANCE CO.	, INC.			
15851 CLAYTON RD.	7			
ST_LOUIS MO 63011229				
Additional secured parties on attached UCC-E	- · · · · · · · · · · · · · · · · · · ·			
5. This statement refers to original Financing Sta	stement bearing File No01350			
Filed with SHELBY COUNTY		Date Filed	1/16	<u>19_86</u>
B. Partial or The Secured Party's right under property described in item 11 or Assignment, whose name and address appears. 9. Amendment Financing statement bearing file secured Party releases the colling Release number shown above.	s a security interest under the financing states or the financing statement bearing file number or to all of the property listed on this file, is ass	ment bearing the file number shows shown above to the signed to the assignee of the item 11.		
11. - 008 - 560045	•	≯1		
		•		11A. Enter Code(s) From Back of Form That
-	•	-		Best Describes The Colleteral Covered
	•			By This Filing: 6 0 0 6 0 2
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Obesis Witterson and The Residence of Communication of the Communication		•	1 I	
Check X if covered: Products of Collateral are	aiso covered.			
Signature(s) of Debtor(s)	· · · · · · · · · · · · · · · · · · ·	Signature(s) of Secur	red Party(ies)	y
Signature(s) of Debtor(s) (necessary only if item	9 is applicable)	Signature(s) of Secur	• • • • • • • • • • • • • • • • • • • •	TOES THO
Type Name of Individual or Business		CITICORP NA Type Name of Individ		ICES., INC.
1) FIGNE SEPICER ODEN ALPHABETICALS (3) FILIN	IG OFFICER COPY-ACKNOWLEDGEMENT COPY - SECURED	(5) FILE COPY DEBTOR(S)	STANDARD FORM — UNII	FORM COMMERCIAL CODE — FORM UCC-3 The Secretary of State of Alabama