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 to a Filing Officer for filing pursuant to the Uniform Commercial Code.
. Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office
CITICORP NATION	AL SERVICES.INC	Sale, Time, Homos ar king Onice
formerly known	·	
CITICORP ACCEPTANCE CO, INC		
PO BOX 790142		
ST.LOUIS.MO 63179		
		# # # # # # # # # # # # # # # # # # #
Pre-paid Acct. #		
Name and Address of Debtor	(Last Name First if a Person)	
White, Cheryl A.		
POB 576		サ せ た
Harpersville, A	L 35078	* N 25 5
		+ 785
		9
Social Security/Tax ID #		H O CL
A. Name and Address of Debtor	(IF ANY) (Last Name First if a Person)	
White, James D.	& Wilson, Nellie	
same		
-		
Social Security/Tax ID #		FILED WITH:
Additional debtors on attached UCC-E		
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)
• • • • • • • • • • • • • • • • • • •	Al CERVICEO INC	
CITICORP NATIONAL SERVICES, INC		
formerly known as;		A .
CITICORP ACCEPTANCE CO, INC		
POBOX 790142		
Secret Security (Tax 19 # M O 6 3 1		
☐ Additional secured parties on attached UC	C-E	
5. This statement refers to original Finan	cing Statement bearing File No. 022350	
Filed with Shelb	y Cnty	Date Filed 3 - 6 - 8 9 19
7 Termination. Secured Party no longe 8. Partial or The Secured Party's rig Pull property described in its Assignment. whose name and addre 9. Amendment Financing statement be	or claims a security interest under the financing states tht under the financing statement bearing file number tem 11 or to all of the property listed on this file, is ass	r shown above to the signed to the assignee of the item 11.
11.	1	**************************************
008 506279		11A. Enter Code(s) From Back of Form That
		Best Describes The Collateral Covered
		By This Filing:
	•	<u> </u>
		·
		
	•	
		· ,
Check X if covered: Products of Collate	eral are also covered.	<u> </u>
		CITICORP NATIONAL SERVVICES, INC
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies)
Signature(s) of Debtor(s) (necessary on	ly if item 9 is applicable)	Signature(s) of Saured Party(jes)
organizate) or neurods) (necessary or	ry a nom a la appacació)	
Type Name of Individual or Business		Type Name or Individual or Business
) FILING OFFICER COPY - ALPHABETICAL	(3) FILING OFFICER COPY-ACKNOWLEDGEMENT	STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3