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

RECRIPTION

Registre, Inc.

11 PERCEST.

RO. 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 Fil- filling pursuant to the Uniform Commercial Code.	ing Officer for
Return copy or recorded original to CITICORP NATIONAL SERVICE	TRS TNC	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
formerly known as:	ADO, IIV.		
CITICORP ACCEPTANCE CO.,	TNC.	· - · · · · · · · · · · · · · · · · · ·	
15851 CLAYTON RD.	11101		
ST. LOUIS, MO 63011			
			· .
Pre-paid Acct. #		1	
2. Name and Address of Debtor	(Last Name First if a Person)	1	
•			0
DUBOIS, JOSEPH F.			7 6
GREENPARK SOUTH LOT 165			
PELHAM, AL			
			され 年間
Social Security/Tax ID #			# 79 E E E E E
2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)		in in Z
			2000年
			E OE
DUBOIS, ANNA M.			ني ا
SAME			en e
			and the second s
Social Security/Tax iD #	· · · · · · · · · · · · · · · · · · ·	_ FILED WITH:	
Additional debtors on attached UCC-E			
3. NAME AND ADDRESS OF SECURED PARTY) (Las		4. ASSIGNEE OF SECURED PARTY (IF ANY)	(Last Name First if a Person)
CITICORP NATIONAL SERVICE formerly known as:	ED., INC.		
CITICORP ACCEPTANCE CO.,	TNC		4
15851 CLAYTON RD.			
-			
ST. LOUIS, MO 63011 Social Security/Tax ID #		4	
Additional secured parties on attached UCC-E			· · · · · · · · · · · · · · · · · · ·
5. This statement refers to original Financing Statement bearing File No. 013683		027134	
Filed with SHELBY COUNTY		Date Filed	
		Party, bearing file number shown above, is still effective.	
7. Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above. 8. Partial or The Secured Party's right under the financing statement bearing file number shown above to the			
☐ Full property described in item 11 or to	all of the property listed on this file, is assig		
Assignment. whose name and address appears 9. Amendment Financing statement bearing file n	s in item 4. umber shown above is amended as set forti	h in item 11.	
10. Partial Secured Party releases the collate	ral described in item 11 from the financing		
Release number shown above. 11.		**************************************	
	,	•	11A. Enter Code(s) From
008 529842			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 als	sa covered	i i	
Chook Kin Cottorou, El Froducts of Collected are als			
Cinnet and of Parks and	 	Shapeture (a) of Secured Partyline)	<u>~~</u>
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies) CITICORP NATIONAL SERVICE	es, Mic.
Signature(s) of Debtor(s) (necessary only if item 9	is applicable)	Signature(s) of Secured Party(ies)	
Type Name of Individual or Business,		Type Name of Individual or Business	