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.

Staplerce St.

Ro. 80× 218

ANOKA, MN. 55303

	of Additional ets Presented:	This FINANCING STATEMENT is pre- filing pursuant to the Uniform Comme	sented to a Filling Officer for ercial Code.
Return copy or recorded original to CITICORP NATIONAL SERVICES.		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
formerly known as: CITICORP ACCEPTANCE CO., IN 15851 CLAYTON RD. ST. LOUIS, MO 63011	C.		
Pre-paid Acct. #			88 38 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
FAULKNER, MICHAEL E. 449 OZLEY ROAD ALABASTER, AL 35007	(Last Name First if a Person)		# # 1995-19 23 PM CERTIF 89 COUNTY JUDGE OF PRO 101 NCD 16.00
Social Security/Tax ID # A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)		がい。
FAULKNER, LISA D. SAME,			
Social Security/Tax ID #	F	ILED WITH:	
NAME AND ADDRESS OF SECURED PARTY) (Last Name Fine CITICORP NATIONAL SERVICES. formerly known as: CITICORP ACCEPTANCE CO., IN 15851 CLAYTON RD. Sofia Security Last Name Fine CITICORP ACCEPTANCE CO., IN 15851 CLAYTON RD.	, INC.	4. ASSIGNEE OF SECURED PARTY	(IF ANY) (Last Name First if a Person)
Additional secured parties on attached UCC-E			
5. A This statement refers to original Financing Statement bearing. Filed with SHELBY COUNTY	ng File No013682	02.7135 Date Filed2/14	19_86
6. Continuation. The original financing statement between the 7. Termination. Secured Party no longer claims a security into 8. Partial or The Secured Party's right under the financing property described in item 11 or to all of the 9 whose name and address appears in item 4. Financing statement bearing file number should be a secured Party releases the collateral described number shown above.	terest under the financing statement g statement bearing file number sho property tisted on this file, is assigned who above is amended as set forth in	bearing the file number shown above wn above to the d to the assignee item 11.	fective.
008 529586	•		11A. Enter Code(s) From Back of Form That Best Describes The
	•		Collateral Covered By This Filling: 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)	Jem
Signature(s) of Debtor(s) (necessary only if item 9 is applicat	ole)	Signature(s) of Secured Party(ies) CITICORP NATIONAL	SERVICES, INC.
Type Name of Individual or Business		Type Name of Individual or Busines	