

Important: Read Instructions on Back Before Filling out Form.

REORDER FROM
Registré, Inc.
514 PIERCE ST.
P.O. BOX 215
ANOKE, MN. 55303
(612) 421-1713

1794 # 1295-25165
09/11/95
12:33 PM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
001 MED .00

term date 9-5-95

11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:

600 602

Check X if covered: ☐ Products of Collateral are also covered.

Signature(s) of Debtor(s)

Signature(s) of Debtor(s) (necessary only if item 9 is applicable)

Type Name of Individual or Business

CITICORP NATIONAL SERVICES, INC

Signature(s) of Seized Party(ies)

Signature(s) of Secured Party(ies)

Type Name of Individual or Business

STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3
Approved by The Secretary of State of Alabama

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