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.
514 PIERCE ST.
FXA. 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 NATIONAL SERVICES, INC		
formerly known as;		
CITICORP ACCEPTANCE CO, INC		
PO BOX 790142 ST.LOUIS,MO 63179		10 m
2. Name and Address of Debtor (Last Name First if a Person)		
Johnson, Mary Sue		
POB 78		
Siluria, AL 35144	•	
	•	
•		
Social Security/Tax ID #		
2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)	
		man
	•	
	· •	
Social Security/Tax ID #		FILED WITH:
· · · · · · · · · · · · · · · · · · ·	· .·· · · · · · · · · · · · · · · · · ·	
Additional debtors on attached UCC-E		4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
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	SERVICES, INC	
formerly known as;		
CITICORP ACCEPTANCE CO, INC		
POBOX 790142		
Social Security Odd ID S., M.O. 63179		
Additional secured parties on attached UCC-E		
5. This statement refers to original Financing Statement bearing File No. Shelby County Filed with		
		Date Filed 6 - 13 - 88 19
Full property described in Item 11 or to Assignment: whose name and address appears 9. Amendment Financing statement bearing file not 10. Partial Secured Party releases the collate Release number shown above.	security interest under the financing statement ne financing statement bearing file number so all of the property listed on this file, is assign	ent bearing the file number shown above. Thown above to the med to the assignee. The item 11.
11.		•
008- 589465		11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered
term date 9-5-95		By This Filing: 600 60
•		<u> </u>
•		
	•	
Check X if covered: Products of Collateral are als	o covered.	
	-	CITICORP NATIONAL SERVVICES, INC
Signature(s) of Debtor(s)		Signature(s) of Segaged Party(ies)
Signature(s) of Debtor(s) (necessary only if item 9 i	is applicable)	Signature(s) of Secured Party(ies)
Type Name of Individual or Business	·	Type Name of Individual or Business