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 NATIONAL	SERVICES.INC	
formerly known as		
CITICORP ACCEPTAN		
	0L 00,1N0	
PO BOX 790142		
ST.LOUIS,MO 63179		
Pre-paid Acct. # Name and Address of Debtor	(Last Name First if a Person)	
Name and Accress of Debior	(222,712	
Seay, Kathy D.		
POB 505		
	0505	# 3 ← 5 -
Calera, AL 35040-	0 9 0 9	. ü~≥8
-		
Social Security/Tax ID #	() Alberta Circle & Correct)	
A. Name and Address of Debtor (IF Al	NY) (Last Name First if a Person)	
Seay, Ricky L.		
same		
	·	
Social Security/Tax ID #		FILED WITH:
T Additional debtors on attached LICC-E		
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)
NAME AND ADDRESS OF SECOND FARTT	(COST TIME TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL TOT	
	CERVICES INC	
CITICORP NATIONAL		
formerly known as		
CITICORP ACCEPTAN	ICE CO, INC	
social Security/Ta7109#0142		
ST. LOUIS, MO 63179 Additional secured parties on attached UCC-E	9	\neg
Additional secured parties on attached UCC-E	<u> </u>	
5. This statement refers to original Financing 5	Statement bearing File No011495	···
	oy County	Date Filed 4 - 5 - 8 5 19 19
7. Termination. Secured Party no longer claim 8. Partial or The Secured Party's right unproperty described in item 11 Assignment. Whose name and address ap	rns a security interest under the financing statem ider the financing statement bearing file number to for to all of the property listed on this file, is assign	shown above to the igned to the assignee the in item 11.
11.	· · · · · · · · · · · · · · · · · · ·	· · ·
		11A. Enter Code(s) From
008 520031		Back of Form That Best Describes The
		Collateral Covered By This Filing:
term date 9-18-9	5	
		<u>600</u> <u>602</u>
		
		
		
Check X if covered: Products of Collateral	are also covered.	<u> </u>
	•	
Signature(s) of Debtor(s)	<u> </u>	Signature (s) of a party (les) 10 MAL SERVVICES, INC
Signature(s) or Debior(s)		
Signature(s) of Debtor(s) (necessary only if i	item 9 is applicable)	Signature(s) of Secured Party(ies)
		Type Name of Individual or Business
Type Name of Individual or Business (1) FILING OFFICER COPY - ALPHABETICAL (3) F	FILING OFFICER COPY-ACKNOWLEDGEMENT	STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-: