

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.
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.

1. Return copy or recorded original to

CITICORP NATIONAL SERVICES, INC
formerly known as;
CITICORP ACCEPTANCE CO, INC
PO BOX 790142
ST. LOUIS, MO 63179

Pre-paid Acct. #

2. Name and Address of Debtor

(Last Name First if a Person)

Sherrell, Gail M.
1497 Westover Rd
Harpersville, AL 35078

Social Security/Tax ID #

2A. Name and Address of Debtor

(IF ANY)

(Last Name First if a Person)

Social Security/Tax ID #

☐ Additional debtors on attached UCC-E

3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person)

CITICORP NATIONAL SERVICES, INC
formerly known as;
CITICORP ACCEPTANCE CO, INC
PO BOX 790142
ST. LOUIS, MO 63179

☐ Additional secured parties on attached UCC-E

5. ☐ This statement refers to original Financing Statement bearing File No.

019811

Filed with Shelby

Date Filed 4-15-88 19

6. ☐ Continuation. The original financing statement between the foregoing Debtor and Secured 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 ☐ Full Assignment. The Secured Party's right under the financing statement bearing file number shown above to the property described in item 11 or to all of the property listed on this file, is assigned to the assignee whose name and address appears in item 4.
9. ☐ Amendment. Financing statement bearing file number shown above is amended as set forth in item 11.
10. ☐ Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above.

11.

008 588368

term date 9-14-95

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 Secured Party(ies)

Signature(s) of Secured Party(ies)

Type Name of Individual or Business