

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.

WEORDER FROM
Registre, Inc.
514 PIERCE ST.
P.O. BOX 218
ANOKA, MN. 55303
(612) 421-1713

<input type="checkbox"/> 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. # _____		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office <div style="position: absolute; top: 200px; left: 680px; transform: rotate(-90deg);"> Inst # 1995-27117 </div> <div style="position: absolute; top: 200px; left: 760px; transform: rotate(-90deg);"> 09/27/1995-27117 08:39 AM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE .00 001 MCD </div>
2. Name and Address of Debtor (Last Name First if a Person) Elliot, Ista R. Rt 4 Box 1190 Alabaster, AL 35007 Social Security/Tax ID # _____		FILED WITH:
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person) Bozeman, Willie Dean same Social Security/Tax ID # _____		
<input type="checkbox"/> 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 Social Security/Tax ID # _____		4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
<input type="checkbox"/> Additional secured parties on attached UCC-E		
5. <input type="checkbox"/> This statement refers to original Financing Statement bearing File No. <u>019184</u> Filed with <u>Shelby co.</u>		Date Filed <u>2-2-88</u> 19__
6. <input type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective. 7. <input checked="" type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above. 8. <input type="checkbox"/> Partial or <input type="checkbox"/> Full. 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. <input type="checkbox"/> Amendment. Financing statement bearing file number shown above is amended as set forth in item 11. 10. <input type="checkbox"/> Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above.		

11.

008 585018

term date 9-20-95

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
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