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 5T.
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 pursuant to the Uniform Commercial Code	Filing Officer for
Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER	
CITICORP NATIONAL	SERVICES INC	Date, Time, Number & Filing Office	_28专 5. 美
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)	
Mullins, James Mic	chael		
Rt 1 Box 588-1			
Salera, AL 35040			
			To be
		•	
			n o
Social Security/Tax ID #	ANY) (Last Name First)	3/1995-30407	
	2416	Pri Carrier	
Mullins, Bobbi Jo	euci DV	COUNTY JUDGE OF PROBATE	n z
same		OI HEL .00	
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Social Security/Tax ID #	<u> </u>	FILED WITH:	- ः- चां न्य
☐ Additional debtors on attached UCC-E			
3. 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 ACCEPTAN			
POBOX 790142	QL 00,100		
Social Security/TaxID#			
☐ Additional secured parties on attached UCC-E	,		
5. This statement refers to original Financing	Statement bearing File No. 02055	4	
Filed with Shelby Co	~	Date Filed7 8 8 8	19
7. Termination. Secured Party no longer cla 8. Partial or The Secured Party's right up property described in item 1 Assignment. whose name and address ap property described in item 1 Assignment. Amendment Financing statement bearing	sims a security interest under the financing state nder the financing statement bearing file numb In or to all of the property listed on this file, is as	er shown above to the ssigned to the assignee forth in item 11.	
			11A Enter Cadaint From
008 537373			11A. Enter Code(s) From Back of Form That Best Describes The
	_		Collateral Covered By This Filling:
term date 10-18-95			6.0.0 — 6.0.2 —
			——————————————————————————————————————
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Check X if covered: Products of Collateral	are also covered.		
		CITEGORP NATIONAL	SERVVICES INC
Signature(s) of Debtor(s)		Signature (Signature)	<u>OFUATORO TRO</u>
		ul we	
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	······································
W FILLS OFFICE CODY ALDUARTICAL (0)	FILLING OFFICER CODY ACYNIONY EDGENENT	STANDARD FORM UN	NEORM COMMERCIAL CODE — FORM UCC-3