

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

First ()
 10/23/1995-30407
 04:06 PM CERTIFIED
 SHELBY COUNTY JUDGE OF PROBATE
 001 MEL .00

term date 10-18-95

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

(1) FILING OFFICER COPY - ALPHABETICAL
(2) FILING OFFICER COPY - NUMERICAL

(3) FILING OFFICER COPY-ACKNOWLEDGEMENT
(4) FILE COPY - SECURED

(5) FILE COPY DEBTOR(S)

CITICORP NATIONAL SERVICES, INC.

Signatures of Secured Parties

Signature(s) of Secured Party(ies)

Type Name of Individual or Business

STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3
Approved by The Secretary of State of Alabama