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;		3927 1927 16 16 D	
CITICORP ACCEPTANCE CO, INC			
PO BOX 790142			
ST.LOUIS,MO 63179			
Pre-paid Acct. #	_	<u>, </u>	
2. Name and Address of Debtor	(Last Name First if a Person)	S C	3. 经出售
Kovakae, George J.		į	n of E
4 Greenpark South		-	へ 大学 意楽
Pelham, AL 35124		1	* ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
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•			ະ +⇔
Social Security/Tax ID #		j	H 0
A. Name and Address of Debtor (IF A	ANY) (Last Name First if a Person)		
Powell, Melia A.,	Sybil M. & Fred M.		
same			
	·•		
Social Security/Tax ID #		FILED WITH:	
☐ 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)
		→	(,
CITICORP NATIONAL	SERVICES, INC		
formerly known as;	0 k		
CITICORP ACCEPTANC	E CO INC		
	E CO, INC		
PsQiB QaXirity 7-22 10.1 4.2			
ST.LOUIS, MO 63179 Additional secured parties on attached UCC-E			
			
5. This statement refers to original Financing S			
Filed with Shelb	y Co.	Date Filed 1 - 16 - 86	19
3	•	arty, bearing file number shown above, is still effective.	
	ms a security interest under the financing stateme der the financing statement bearing file number st	_	
☐ Full property described in item 11	or to all of the property listed on this file, is assign		
Assignment. whose name and address app 9. Amendment Financing statement bearing	pears in item 4. file number shown above is amended as set forth	in item 11	
_	oliateral described in item 11 from the financing s		
Release number shown above.			
11.			
008 560045			11A. Enter Code(s) From Back of Form That
			Best Describes The Collateral Covered
term date 10-27-95			By This Filing:
			<u> </u>
			600 602
			
			
Check X if covered: Products of Collateral ar	re also covered.		
Signature(s) of Debtor(s)	· · · · · · · · · · · · · · · · · · ·	Gignatule of St Becured Patrylies ON A Z S	ERVVICES, INC
orginature(a) or Deptor(5)		Conglitature (exported Party (les) O 14 / 12 / 3 /	
Signature(s) of Debtor(s) (necessary only if ite	em 9 is applicable)	Signature(s) of Secured Party(les)	
Type Name of Individual or Business	INC ACCIOCA CORV. ADVANCE TO THE TOTAL TOT	Type Name of Individual or Business	W. 001 1 1 1 1 1 1 1 1 1
FILING OFFICER COPY - ALPHABETICAL (3) FIL	ING OFFICER COPY-ACKNOWLEDGEMENT	STANDARD FORM UNIFOR	RM COMMERCIAL CODE — FORM LICC-: