STATE OF ALABAMA — UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. — FORM UCC-3

57408

Important: Read Instructions on Back Before Filling out Form.

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

·		t —		This FINANCING STATEMENT	is presented to a Filing C	Micer for
he Debtor is a trans sidefined in ALA C		No. of Additional Sheets Presented:		filing pursuant to the Uniform	Commercial Code	
Return copy or rec	orded original to			THIS SPACE FOR USE OF FILING OFF Date, Time, Number & Filing Office	TICER	
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	CITICORP NATIO	NAL SERVICES	i, INC.			
	FKA: CITICORP ACCEPTANCE CO., INC.					_ 8
	15851 CLAYTON		-	•		
	ST. LOUIS, MO 6			} .		
Pre-paid Acct.#_	31, LOUIS, MO. 0	~~ 1:				W WHER
Name and Addres	ss of Debtor	(Last Name	First if a Person)	-		5 6 6 7 P
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	CHAPPELL, IRIS	J.				は 切
	HIGHWAY 203 BO	X 444				【本菱 2
	MONTEVALLO, A	L 35115				
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Social Security/Te			First if a Damon	-1		
Name and Addres	ss of Debtor (IF AN	r) (Last Name	First if a Person)			
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	N/A			1		
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Social Security/Ta	5 V IT #			FILED WITH:		
Social Security / I			 -	' ,		
Additional debtors	on attached UCC-E					
NAME AND ADD	RESS OF SECURED PARTY) (ast Name First if a Person)		4 NAME AND ADDRESS OF ASSIGNEE OF	SECURED PARTY (1F A	(NY) (Last Name First if a Person)
Social Security/T	ST. LOUIS, MO			 		
Additional secured	d parties on attached UCC-E					
☐ This statemen	t refers to original Financing Sta	tement bearing File No		1995-36362	<u> </u>	
		FLBY COUNTY	_	Date Filed	12/19 19	95
Filed with				Party, bearing file number shown above, is		
☐ Partial or ☐ Full ☐ Assignment ☐ Amendment ☐ Partial	Secured Party no longer claims The Secured Party's right under property described in item 11 or whose name and address appearing statement bearing fil- Secured Party releases the coll	a security interest under the financing statement but to all of the property listed ars in item 4. In number shown above is a	ne financing statem earing file number : I on this file, is assi- amended as set fort	ent bearing the file number shown above shown above to the gned to the assignee the in item 11		
Release	number shown above.	<u></u> .			· <u> </u>	
	008-5313	92				11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing 0 0 6 0 2
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4						
Check X if covers	ed: Products of Collateral are	also covered				
OTHOR A II COARE					<u> </u>	
Signature(s) of Debtor(s)				Signature of Secured Part	y(ies)	1-
		O to applicables		Signature of Son Edit	HOUCH	AL SERVICES, INC.
Signature(s) of	Debtor(s) (necessary only if iten	i s is applicable)		ordinariorets) or second state	PURC INCINCION	TE CEITTICES, 1170.
Type Name of	Individual or Business			Type Name of Individual or E	Business	