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

43317

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 At A CODE 7-9-105(n).	No. of Additional Sheets Presented:		This FINANCING STATEMENT is presente filling pursuant to the Uniform Commercia	ed to a Filing Office I Code.	er for	
Return copy or recorded original to		THIS SPA	ACE FOR USE OF FILING OFFICER ne, Number & Filing Office			
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Charlotte, NC 2822	22		•		_	
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Montevalle, AL 35	5115			<u></u>	A A A A A A A A A A A A A A A A A A A	
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Social Security/Tax ID #				r L	° 55	
A. Name and Address of Debtor (IF AN	(Last Name First if a Person	n)			7	
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e .						
Social Security/Tax ID #		FILED WI	TH:			
			Shelby County	Judge of	Probate	
Additional debtors on attached UCC-E NAME AND ADDRESS OF SECURED PARTY) (Last Name First if a Person)		4 NAME	AND ADDRESS OF ASSIGNEE OF SECURED F			
PO BOx 221917 Charlotte NC 2822 Social Security/Tax ID #	22					
Additional secured parties on attached UCC-E			-407 6 11/10/00	£1007 27	262 - EE 11/16/	37
Challe County		F19 <u>92-2</u> 7	7487 ef 11/19/92; Date Filed Original			,,
6. Continuation. The original financing statement. 7. Aftermination. Secured Party no longer claim. 8. Partial or The Secured Party's right under property described in item 11. Assignment. whose name and address app. 9. Amendment Financing statement bearing for the property described in item 11.	ent between the foregoing Debtor and Secur is a security interest under the financing sta- ler the financing statement bearing file number or to all of the property listed on this file, is a	atement bearing ber shown above assigned to the tiforth in item 11	ng file number shown above, is still effective the file number shown above. We to the assignee			
· 1.				114	Enter Code(s) From	
0000000000					Back of Form That Best Describes The Collateral Covered	
UCC Terminatio	n Effective 05/27/9	99			By This Filing: ————————————————————————————————————	
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Check X if covered: Products of Collateral ar	re also covered					1
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Signature(s) of Debtor(s)			Signature(s) of Secured Party(ies)	atro		_
Signature(s) of Debtor(s) (necessary only if ite	m 9 is applicable)		Signature(s) of Secured Party(ies) Citicorp National	Service	s, INc.	-
Type Name of Individual or Business	THE OFFICER CORY ACKNOWN EDGEMENT		Type Name of Individual or Business STANDARD FORM	A — UNIFORM COM	IMERCIAL CODE — FORM UCC-3	