

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

43293

**Important: Read Instructions on Back Before Filling out Form**

REORDER FROM  
**Register, Inc.**  
 514 PIERCE ST.  
 P.O. BOX 218  
 ANN ARBOR, MI 48106  
 (612) 421-1713

<input type="checkbox"/> 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.	
1. Return copy or recorded original to <b>Citicorp National Services, Inc.</b> <b>PO Box 221917</b> <b>Charlotte, NC 28222</b>				<div style="writing-mode: vertical-rl; transform: rotate(180deg);">             Inst # 1999-33329              08/09/1999-33329              10:44 AM CERTIFIED              SHELBY COUNTY JUDGE OF PROBATE              001 CRH 10.00           </div>	
Pre-paid Acct. # _____					
2. Name and Address of Debtor (Last Name First if a Person) <b>Allen, Darrell W.</b> <b>Rt. 1 Box 448</b> <b>Calera, AL 35050</b>					
Social Security/Tax ID # _____					
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person) <b>Allen, Donna W.</b> <b>Same</b>				FILED WITH: <b>Shelby County Judge of probate</b>	
Social Security/Tax ID # _____					
<input type="checkbox"/> Additional debtors on attached UCC-E					
3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person) <b>Citicorp National Services, Inc.</b> <b>FKA; Citicorp Acceptance Company, Inc.</b> <b>PO Box 221917</b> <b>Charlotte, NC 28222</b>					
Social Security/Tax ID # _____				#1998-09058 eff. 3-16-1998 #1998-09058 eff. 5-2-88; #1993-07668 eff. 3-22-93 Original Date unknown	
<input type="checkbox"/> Additional secured parties on attached UCC-E					
5. <input type="checkbox"/> This statement refers to original Financing Statement bearing File No. <b>Cont. #1099208</b> Filed with <b>Shelby County</b>					
6. <input type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective. 7. <input checked="" type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above. 8. <input type="checkbox"/> Partial or Full Assignment. The Secured Party's right under the financing statement bearing file number shown above to the property described in item 11 or to all of the property listed on this file, is assigned to the assignee whose name and address appears in item 4. 9. <input type="checkbox"/> Amendment. Financing statement bearing file number shown above is amended as set forth in item 11. 10. <input type="checkbox"/> Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above.					

**UCC Termination eff. 5-26-99**

11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:


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

Signature(s) of Secured Party(ies)

Signature(s) of Secured Party(ies)

**Citicorp National Services, Inc.**

Type Name of Individual or Business