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

36799

Important: Read Instructions on Back Before Filling out Form.

REORDER FROM
Registré, înc.
514 PIÉRCE 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	THI .	HIS SPACE FOR USE OF FILING OFFICER ate. Time. Number & Filing Office			
Citicorp National Services, Inc. TRA: Citicorp Acceptance Co., IN PO Box 221917 Charlotte, NC 28222	· •	ie, Time, Moniber & Timing		191 8 5	9135 IFIED PROBATE BO
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Allen, LLOyd & Janette E. Same					
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☐ Additional debtors on attached UCC-E		<u> </u>			
Charlotte, NC 28222 Social Security/Tax ID # Additional secured parties on attached UCC-E	· · · · · · · · · · · · · · · · · · ·				
Additional secured parties on attached occ-2	011940	Last Co	nt 1994-3589	7 Dec	. 7, 1994
5. This statement refers to original Financing Statement bearing File No Filed with Shelby County	011540	Date Filed	May	19 8.	-
The original financing statement between the foregoing Deb Secured Party no longer claims a security interest under the Partial or The Secured Party's right under the financing statement being property described in item 11 or to all of the property listed whose name and address appears in item 4. Secured Party releases the collateral described in item 11 for number shown above.	e financing statement bea aring file number shown on this file, is assigned to nended as set forth in ite	aring the file number show above to the the assignee cm 11			
11-500109 Allen, Janette E.					Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
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Check X if covered: Products of Collateral are also covered.		\ \			
Signature(s) of Debtor(s)		Signature(s) of Sec	cured Party(ies)		<u> </u>
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)		Signature(s) of Sec Citicorp Type Name of Indiv	National Ser	vices,	Inc.
Type Name of Individual or Business (1) FILING OFFICER COPY - ALPHABETICAL (3) FILING OFFICER COPY - ACKNOWL	EDGEWENT	Type Haine of mon		NIFORM COMA	MERCIAL CODE — FORM UCC-3