## STATE OF ALLEGE COMMERCIAL CODE STATEMENTS OF CONTINUATION, PALLIGE. ASSIGNMENT, ETC. — FORM UCC-3

43328

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  No. of Additional	This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to the Uniform Commercial Code.	er je
as defined in ALA CODE 7-9-105(n). Sheets Presented  Return copy or recorded original to	THIS SPACE FOR USE OF FILING OFFICER Date: Time, Number & Filing Office	
	Date: Fille, recinioer & Filling Office	
Citicorp National Services, Inc. P.O. Box 221917		<b>A</b>
Charlotte, NC 28222	<u> </u>	に田屋
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Pre-paid Acct. #		
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Rice, Ronnie L. RR 1 Box 376-A	<b>+</b>	でを養養
Calera, AL 35040-9758		
	<b>₽</b>	ン・量
	—————————————————————————————————————	<u> </u>
Social Security/Tax ID #		
Name and Address of Debtor (IF ANY) (Last Name First if a Person	n)	
Dica Daula V		
Rice, Paula K. Same		
Social Security/Tax ID #	FILED WITH:	hata
Additional debtors on attached UCC-E  NAME AND ADDRESS OF SECURED PARTY) (Last Name First if a Person)	Shelby County Judge of Pro	Last Name First if a Person
P.O. Box 221917 Charlotte NC 28222		
Additional secured parties on attached UCC-E	<u> </u>	
This statement refers to original Financing Statement bearing File No. 014406  Filed with Shelby County	Cont #1995-36535 filed 12/21/95	<b>5)</b>
	Date Filed	· · · · · · · · · · · · · · · · · · ·
<ul> <li>Continuation.</li> <li>Termination.</li> <li>Partial or Full Assignment.</li> <li>Amendment Party Indicate Party releases the collateral described in item 11 from the finance finance.</li> <li>Partial Partial or Assignment.</li> <li>Partial Party Party Party Indicate Party Indicate</li></ul>	stement bearing the file number shown above ber shown above to the assigned to the assignee.  Forth in item 11	
1	114 For	er C <b>ode(s)</b> From
	Bac Bes	k of Form That t Describes The
UCC Termination effective 1/10/2000		ateral Covered This Filing:
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		<del>-</del>
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Check X if covered: Products of Collateral are also covered.		
		<del>,</del>
Signature(s) of Debtor(s)	Signature(s) of Secured Party(ies)  Carol and Davis	
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)	Signature(s) of Secured Party(ies)	
Type Name of Individual or Business	Citicorp National Services, Inc.  Type Name of Individual or Business	<u> </u>
TYPE TRAINE OF INDIVIDUE OF CORY ALCHING DEPICER CORY - ACKNOWLEDGEMENT	STANDARD FORM - UNIFORM COMMER	CIAL CODE — FORM UCC.