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

36873

Important: Read Instructions on Back Before Filling out Form.

REORDER FROM **Registré, Inc.**514 PIERCE ST.
P.O. 80X 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		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	****
Citicorp National FKA	Svcs., Inc.	* W W W	
Citicorp Acceptanc		THE	_
15851 Clayton Road		* H &	8.
St. Louis, MO 6301	1		
Pre-paid Acct. #			<u>.</u>
2. Name and Address of Debtor	(Last Name First if a Person)		;
			5 至
Lewis, Wade H.		#	3 5
#16 Belle Vista MH	P		a a
Pelham, AL		M CU m	箦
Social Security/Tax ID #	(Last Name First if a Person)		
(III XIVI)	(Last Hame First if a Ferson)		
Lowic Donna D			
Lewis, Donna D. SAME			
SEALT			
Social Security/Tax (D #		FILED WITH:	
Additional debtors on attached UCC-E		SHELBY COUNTY JUDGE OF PROB	ATE
3. NAME AND ADDRESS OF SECURED PARTY) (Las	it Name First if a Person)	4 NAME AND ADDRESS OF ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a F	
Citicorp Naitonal	Svcs. Inc.	(0.001.,
FKA			
Citicorp Acceptance	e Co., Inc.		
15851 Clayton Road			
Social Security I/ Town 1974 S. MO 6301			
☐ Additional secured parties on attached UCC-E	(last cont. filed 9-05-96 #293161)	
5. This statement refers to original Financing Staten	015260		
Filed with _Shelby County	nem bearing rife NO	10-01-36	
6. Continuation. The original financing statement be		Date Filed19	
7. En Termination. Secured Party no longer claims a s	security interest under the financing statemer	nt bearing the file number shown above.	
	ne financing statement bearing file number show all of the property fisted on this file, is assign		
Assignment, whose name and address appears	s in item 4.		
January Market	umber shown above is amended as set forth ral described in item 11 from the financing st		
Release number shown above.			
Termination effect:	ive 11/16/00		
TOTHITIMOTOM OXXCOC.	1,40,40,00	11A. Enter Code(s) From Back of Form That	
		Best Describes The Collateral Covered	
		By This Filing:	
		6_0_0_6_02	<u> </u>
			
			
			
		——————————————————————————————————————	
Check X if covered: Products of Collateral are also	o covered.		
		Will Show	
Signature(s) of Debtor(s)			
Signature(a) of Debased to a second s			_
Signature(s) of Debtor(s) (necessary only if item 9 is	s applicable)	Signature(s) of Secured Party(ies)	
Type Name of Individual or Business (1) FILING OFFICER COPY - ALPHABETICAL (3) FILING OFFICER COPY - MUNICIPAL (3) FILING OFFICER COPY -	DEFICER COPY - ACKNOWLEDGEMENT	Type Name of Individual or Business STANDARD FORM - UNIFORM COMMERCIAL CODE — FORM	——————————————————————————————————————