STATE OF ALABAMA — UNIFORM COMMERCIAL CODE

STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. FORM UCC-3

Important: Read Instructions on Back Before Filling out Form.

| The Debtor is a transmitting utility  | No. of Additional<br>Sheets Presented:  | This FINANCING STATEMENT is present filing pursuant to the Uniform Commercia                   | This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to the Uniform Commercial Code. |  |
|---|---|--|---|--|
| as defined in ALA CODE 7-9-105(n).  Return copy or recorded original to   | Criticia i radalitati   | THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office                        |   |  |
| CITICORP NATIONAL SERVIC  | ES., INC.   | Date, raine, Number & riving Office  | · · · · · · · · · · · · · · · · · · ·   |  |
| formerly known as:  |   |  | ·   |  |
| CITICORP ACCEPTANCE CO., INC.   |   |  |   |  |
| 15851 CLAYTON RD.   |   |  |   |  |
| ST. LOUIS, MO 630112297   |   |  |   |  |
| •   |   |  |   |  |
| Pre-paid Acct. # Name and Address of Debtor   | (Last Name First if a Person)   |  |   |  |
| Name and Address of Debtor  | (COO! HEAT OF THE PROPERTY  |  |   |  |
| JOHNSON, JIMMIE LEE JR.   |   |  |   |  |
| P.O. BOX 1238   |   |  |   |  |
| ALABASTER, AL 35007   |   |  |   |  |
|   |   |  |   |  |
|   |   |  | 0   |  |
| Social Security/Tax ID #  |   |  | こでき   |  |
| A. Name and Address of Debtor (IF ANY)  | (Last Name First if a Person)   |  | T 25  |  |
|   |   |  | 10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>10<br>1                               |  |
| JOHNSON, JEAN   |   |  | 20 # <b>3</b>   |  |
| SAME  |   |  | — <b>→</b>  |  |
| •   |   |  |   |  |
|   |   |  |   |  |
| Social Security/Tax ID #  |   | FILED WITH:  | ·   |  |
|   |   |  |   |  |
| Additional debtors on attached UCC-E  NAME AND ADDRESS OF SECURED PARTY) (Last  | Name First if a Person)   | 4. ASSIGNEE OF SECURED PARTY (   | F ANY) (Last Name First if a Person)  |  |
| CITICORP NATIONAL SERVIC  | CES., INC.  |  |   |  |
| formerly known as:  |   |  |   |  |
| CITICORP ACCEPTANCE CO.,  | , INC.  |  |   |  |
| 15851 CLAYTON RD.   | •   |  |   |  |
| ST. LOUIS, MO 630112297   | 7   |  |   |  |
| Social Security/Tax ID #  |   | 1  |   |  |
| Additional secured parties on attached UCC-E  |   | <u> </u>   |   |  |
| 5. This statement refers to original Financing States   | ment bearing File No. 012780  | 4.5.44   | 0.5   |  |
| Filed with SHELBY COUNTY  |   | Date Filed10/1   | 1 1 19 85 <u>19 85 </u>   |  |
| ☐ Full property described in item 11 or to Assignment, whose name and address appears 9. ☐ Amendment Financing statement bearing file n | security interest under the financing statem<br>te financing statement bearing file number s<br>all of the property listed on this file, is assig | ent bearing the file number shown above. shown above to the gned to the assignee h in item 11. |   |  |
| 11.   |   | #<br>**  |   |  |
| 223 553214  | ,   |  | 11A. Enter Code(s) From<br>Back of Form That  |  |
| 223 333614  |   |  | Best Describes The<br>Collateral Covered  |  |
|   | •   | *  | By This Fiting:   |  |
|   | •   |  | <u>600</u> 60 2   |  |
|   | •   | •  | <del></del>   |  |
| •   |   |  |   |  |
|   |   |  | <del></del>   |  |
|   |   |  |   |  |
|   | •   |  |   |  |
|   |   | ·  | <u> </u>  |  |
| Check X if covered: Products of Collateral are als  | so covered.   |  |   |  |
|   | -<br>-  |  | em/   |  |
| Signature(s) of Debtor(s)   |   | Signature(s) of Secured Party(ies)   | ' <i>/</i>  |  |
| Signature(s) of Debtor(s) (necessary only if item 9   | is applicable)  | Signature(s) of Secured Party(ies)   | OFFICE THE  |  |
|   |   | CITICORP NATIONAL  | SERVICES, INC.  |  |
| Type Name of individual or Business   |   | Type Name of Individual or Business  | 50041100 A  |  |