Return copy or recorded original to	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office
CITICORP NATIONAL SERVICES, INC.	
formerly known as:	
CITICORP ACCEPTANCE COMPANY, INC.	
15851 CLAYTON ROAD	
ST. LOUIS, MO 63011	
Name and Address of Debtor (Last Name First if a Person)	
REEVES, GEORGE DANIEL	
ROUTE 2 BOX 199	
SHELBY, AL 35143-9705	
Social Security/Tax ID #	
REEVES, STEPHANIE	7 7
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	TO CAN THE SECOND SECON
•	
Social Security/Tax ID #	FILED WITH:
☐ Additional debtors on attached UCC-E	
3. NAME AND ADDRESS OF SECURED PARTY) (Last Name First if a Person) CITICORP NATIONAL SERVICES, INC., formerly known as:	4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
CITICORP ACCEPTANCE COMPANY, INC.	
15851 CLAYTON ROAD.	
ST. LOUIS, NO 63011	
Social Security/Tax iD #	
☐ Additional secured parties on attached UCC-E	
5. This statement refers to original Financing Statement bearing File No. 011779	•
Filed withSHELBY COUNTY	Date Filed 05/09 19 85
6. Critinuation. The original financing statement between the foregoing Debtor and Secured 7. Termination. Secured Party no longer claims a security interest under the financing states	• •
8. Partial or The Secured Party's right under the financing statement bearing file number	shown above to the
☐ Full property described in item 11 or to all of the property listed on this file, is ass Assignment, whose name and address appears in item 4.	igned to the assignee
9. Amendment Financing statement bearing file number shown above is amended as set for 10. Partial Secured Party releases the collateral described in item 11 from the financing	
Release number shown above.	•
11. ,	44. Cata Cada(a) Farm
	11A. Enter Code(s) From Back of Form That Best Describes The
	Collateral Covered By This Filing:
008-521559	<u>_600 602</u>
000 021000	
Check X if covered: Products of Collateral are also covered.	
Signature(s) of Debtor(s)	Signature(s) of Secured Party (iees)
<u> </u>	
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)	Signature(s) of Secured Party(ies) CITICORP NATIONAL SERVICES, INC.
Type Name of Individual or Business	Type Name of Individual or Business
(1) FILING OFFICER COPY - ALPHABETICAL (3) FILING OFFICER COPY-ACKNOWLEDGEMENT (2) FILING OFFICER COPY - NUMERICAL (4) FILE COPY - SECURED	STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3 (5) FILE COPY DEBTOR(S) Approved by The Secretary of State of Alabama

filing pursuant to the Uniform Commercial Code.

as defined in ALA CODE 7-9-105(n).

Sheets Presented: