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.

	- T	
☐ 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 ACCEPTANCE CO.,	INC.	
ADD BELOW		
Pre-paid Acct. #		
Name and Address of Debtor	(Last Name First if a Person)	
JOHNSON, BRENDA DENISE		
ADD BELOW		
		と
Social Security/Tax ID #		
2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)	
JOHNSON, STEVEN D.		5.05 8.33 8.33 8.33 9.33 9.33
28 A HOUSTON DRIVE		
ALABASTER, AL 35007		
Social Security/Tax ID #		FILED WITH:
☐ Additional debtors on attached UCC-E		
3. NAME AND ADDRESS OF SECURED PARTY) (Las	t Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
CITICORP ACCEPTANCE CO.,	TNC	
P.O. BOX 27363		
ST. LOUIS, MO 63179		
Social Security/Tax ID #		
☐ Additional secured parties on attached UCC-E	<u> </u>	
<u> </u>	nem bearing File No. 017201	
5. M This statement refers to original Financing Staten Filed withSHELBY_COUNTY	hent bearing File No	Date Filed
6. Continuation. The original financing statement be		Party, bearing file number shown above, is still effective.
	ne financing statement bearing file number	shown above to the
☐ Full property described in item 11 or to Assignment. whose name and address appears	all of the property listed on this file, is assi in item 4.	igned to the assignee
-	umber shown above is amended as set for eral described in item 11 from the financing	
Aelease number shown above. 11.		······································
		11A. Enter Code(s) From
008 588673		Back of Form That Best Describes The Collateral Covered
		By This Filling:
		6_0_0_ 6_0_2_
Check X if covered: Products of Collateral are als	so covered.	
		('lastine tem
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies)
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 ACCEPTANCE CO., INC. Type Name of Individual or Business

(4) FILE COPY - SECURED