STATE OF ALABAMA — UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ET

Important: Read Instructions on Back Before Filling out Fourt

| The Debtor is a transmitting utility | No. of Additional | This FINANCING STATEMENT is presented tilling pursuant to the Uniform Commercial C | to a Filing Officer for ode. |
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| as defined in ALA CODE 7-9-105(n). 1. Return copy or recorded original to | Sheets Presented: | THIS SPACE FOR USE OF FILING OFFICER | |
| | | Date, Time, Number & Filing Office | |
| ITICORP ACCEPTANCE CO., | INC. | | |
| DD BELOW | | | |
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| Pre-paid Acct. # | | | As 👝 |
| 2. Name and Address of Debtor | (Last Name First if a Person) | | · 첫 🎚 🖳 崖 |
| LLEN, OSSIE LEE | | | 90 7 8 T |
| O MCNEIL P.O. BOX 664 | | | 4 电子下级 |
| LABASTER, AL 35007 | | | |
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| Social Security/Tex ID # | ···-·· | | |
| 2A. Name and Address of Debtor (IF A | NY) (Last Name First if a Person) | | T TH M 22 25 |
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| | | | • |
| Social Security/Tex ID # | | FILED WITH: | |
| ☐ Additional debtors on attached UCC-E | | | |
| 3. NAME AND ADDRESS OF SECURED PARTY) | (Last Name First If a Person) | 4. ASSIGNEE OF SECURED PARTY (IF A | NY) (Last Name First if a Person) |
| | | | |
| CITICORP ACCEPTANCE CO., | INC. | | |
| P.O. BOX 27363 | | | |
| ST. LOUIS, MO 63141 | | | |
| Social Security/Tax ID # | <u></u> | · | |
| ☐ Additional secured parties on attached UCC-E | | | |
| 5. K This statement refers to original Financing S | Statement bearing File No 019163 | | <u></u> |
| Filed with SHELBY COUNTY | | Date Filed1/29, | <u>/88</u> ₁₉ |
| 7. Termination. Secured Party no longer claim 8. Partial or The Secured Party's right und Partial or The Secured Party's right und property described in item 11 Assignment. whose name and address apply 9. Amendment Financing statement bearing: | ns a security interest under the financing statem der the financing statement bearing file number : or to all of the property listed on this file, is assig | shown above to the gned to the assignee hin Item 11. | |
| 11. | <u> </u> | | |
| | | | 11A. Enter Code(s) From Back of Form That |
| 000 E24627 | | | Best Describes The Collateral Covered |
| 008 534677 | | مي _ن ه | By This Filing: |
| | | | 600 602 |
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| | | • | |
| Check X if covered: Products of Collateral are also covered. | | | |
| | | (lastere the | 5m/ |
| Signature(s) of Debtor(s) | | Signature(s) of Secured Party(les) | <i>y</i> · |
| Signature(s) of Debtor(s) (necessary only if Ite | em 9 is applicable) | Signature(s) of Secured Party(les) CITICORP ACCEPTANCE CO | o., INC. |
| Type Name of Individual or Business | · · · · · · · · · · · · · · · · · · · | Type Name of Individual or Business | |