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

Important: Read Instructions on Back Before Filling out Form.

This FINANCING STATEMENT is presented to a Filing Officer for

| ☐ 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 8 Filing Office |
| CITICORP NATIONAL S | SERVICES, INC | |
| formerly known as; | | |
| CITICORP ACCEPTANCE CO, INC PO BOX 790142 | | |
| ST. LOUIS, MO 63179 | 20142 | |
| ~ 20020, 110 05175 | 70142 | |
| Pre-paid Acci # Name and Address of Debtor | (Last Name First if a Person | <u></u> |
| 2 Name and Address of Debtor | (LESCHOIRE FIRST II & FEISOI | |
| GALLOWAY, ALONZO CI | LAY III | |
| RT 1 BOX 322 | | |
| MONTEVALLO, AL 35115 | | |
| | | |
| Social Security/Tax ID # | | |
| 2A. Name and Address of Deblor (IF A | | no |
| | | |
| | | |
| | | |
| | | |
| | | |
| Social Security/Tax ID # | | FILED WITH: |
| ☐ Additional deblors on attached UCC-E | | |
| 3. NAME AND ADDRESS OF SECURED PARTY |) (Last Name First if a Person) | 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person) |
| CITICORP NATIONAL S | ERVICES INC | |
| PO BOX 790142 | ERVICES, INC | |
| ST. LOUIS, MO 631790 | 142 | |
| | | |
| Social Security / Tax ID # | | |
| Additional secured parties on attached UCG-E | | |
| 5 This statement refers to original Financing | Statement bearing File No | 020494 |
| Filed with SHELBY CO | | Dale Filed 6-27 19 88 |
| 7 Termination. Secured Party no longer claim 8 Partial or The Secured Party's right un Full property described in item 11 Assignment whose name and address ap 9 Amendment Financing statement bearing | me a security interest under the financing stander the financing statement bearing file numb for to all of the property listed on this life, is a | ber shown above to the assigned to the assignee forth in item 11. |
| 11. | | |
| | | 11A. Enter Code(s) From Back of Form That |
| | | Best Describes The Collateral Covered By This Filling: |
| | | 600 — 602 — |
| | | ——— — ——— |
| | | |
| | | |
| | | |
| | | |
| Check X if covered: Products of Collateral a | are also covered. | |
| | 41.1.7 | |
| Signature(s) of Deblor(s) | | CITICORP NATIONAL SERVICES, INC Signature(s) of Secured Party(ies) |
| Organization depositor | <u></u> | Mu Jalla |
| Signature(s) of Debtor(s) (necessary only if it | tem 9 is applicable) | Signature(s) of Secured Party(les) |
| Type Name of Individual or Business | | Type Name of Individual or Business |
| | FILING OFFICER COPY-ACKNOWLEDGEMENT FILE COPY - SECURED | STANDARD FORM UNIFORM COMMERCIAL CODE — FORM UCC-3 (5) FILE COPY DEBTOR(S) Approved by The Secretary of State of Alabama |
| | | |
| | A CONTRACTOR OF SERVICE | |
| | | |
| | | |