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

Important: Read Instructions on Back Before Filling out Form.

REORDER FROM

Registré, Inc
sia régréess.

P.G. BOX 218

POTOK & MM, 55303

| as defined in ALA CODE 7-9-105(n).                                                                                                                                                                                                                                                                                                                                                  | Sheets Presented                                                                                                                 | filing pursuant to the Uniform Commercial Code                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Return copy or recorded original to CITICORP NATIONAL SERV formerly known as; CITICORP ACCEPTANCE CO PO BOX 790142 ST. LOUIS, MO 63179014  Pre-paid Acct. # Name and Address of Debtor BICE, AUDREY M. TALLEY, JOANNE RT 4, BOX 437 MONTEVALLE, AL 3551  Social Security/Tax ID # PA. Name and Address of Debtor  Social Security/Tax ID # PA. Name and Address of Debtor  (IF ANY) | Sheets Presented  FICES, INC  O, INC  (Last Name First if a Person                                                               | THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office  THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office                 |
| Social Security/Tax ID #                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                  | FILED WITH:                                                                                                                                                      |
| □ Additional debtors on attached UCC-E  3. NAME AND ADDRESS OF SECURED PARTY) (Last II CITICORP NATIONAL SERVICE PO BOX 790142 ST. LOUIS, MO 631790142  Social Security/Tax ID #                                                                                                                                                                                                    | VICES, INC                                                                                                                       | 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)                                                                                              |
| ☐ Additional secured parties on attached UCC-E                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                  | <u>u</u>                                                                                                                                                         |
| 5  This statement refers to original Financing Stateme                                                                                                                                                                                                                                                                                                                              | ant bearing File No. ,                                                                                                           | 20611                                                                                                                                                            |
| Filed with SHELBY CO                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                  | Date Filed. 7-13 19 88                                                                                                                                           |
| <ul> <li>7.</li></ul>                                                                                                                                                                                                                                                                                                                                                               | curity interest under the financing sta<br>financing statement bearing file numb<br>If of the property listed on this file, is a | assigned to the assignee t forth in item 11.                                                                                                                     |
| 11,                                                                                                                                                                                                                                                                                                                                                                                 | •                                                                                                                                | 11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By The Ciling: 602                                                               |
| Check X if covered: ☐ Products of Collateral are also                                                                                                                                                                                                                                                                                                                               | covered.                                                                                                                         | CITICORP NATIONAL SERVICES, INC                                                                                                                                  |
| Dispositive for the Parket was                                                                                                                                                                                                                                                                                                                                                      | J-1-1 <del>-</del>                                                                                                               | Signature(s) Secured Party(les)                                                                                                                                  |
| Signature(s) of Debtor(s)  Signature(s) of Debtor(s) (necessary only if item 9 is applicable)                                                                                                                                                                                                                                                                                       |                                                                                                                                  | Signature(s) of Secured Party(res)                                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                     | approatie)                                                                                                                       |                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                     | FFICER COPY-ACKNOWLEDGEMENT<br>SECURED                                                                                           | Type Name of Individual or Business  STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-: (5) FILE COPY DEBTOR(S)  Approved by The Secretary of State of Alabama |
|                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                  |                                                                                                                                                                  |