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.

514 PIERCE ST. P.O. BOX 218 ANOKA, MN. 55303 (612) 421-1713

☐ 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 OFFICE Date, Time, Number & Filing Office	the state of the s
CITICORP NATIONAL SERVICES, INC		Salo, Inio, Hambor & Lining Onios	· · · · · · · · · · · · · · · · · · ·
formerly known as;			
CITICORP ACCEPTANCE CO, INC			2 a a
PO BOX 790142			
ST.LOUIS,MO 63179			
Pre-paid Acct. #	008-594978		
Name and Address of Debtor	(Last Name First if a Person)		93.39 C.E. 5.39 C.E. 5.39
			A RUB
CULPEPPER, JEFFERY L.			₩ ₩₩
RT 4 BOX 77 ALABASTER, AL 35007			* 6 8 =
			# 25 × 5
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Cooled Coought / Tay ID #			
Social Security/Tax ID #	(Last Name First if a Person)		
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)	4. ASSIGNEE OF SECURED PARTY	(IF ANY) (Last Name First if a Person)
CITICORP NATIONAL	SERVICES, INC		
formerly known as;			
CITICORP ACCEPTANCE			
PO BOX 790142			
\$4744 \$400 ₩/14819 MO 63179			
☐ Additional secured parties on attached UCC-E		<u> </u>	15.00
	totoment harring file No	021235	
5. This statement refers to original Financing St	SHELBY	Date Filed	9-30 ₁₉ 88
8. Partial or The Secured Party's right und property described in item 11 Assignment, whose name and address app. 9. Amendment Financing statement bearing for the companion of	ns a security interest under the financing state fer the financing statement bearing file numbe or to all of the property listed on this file, is as	ement bearing the file number shown above or shown above to the signed to the assignee orth in item 11.	effective.
Release number shown above. 11.	<u> </u>	<u> </u>	
			11A. Enter Code(s) From Back of Form That
			Best Describes The Collateral Covered By This Fillings
			By This Filing: 602
	•		
	•		<u> </u>
			
Check X if covered: Products of Collateral are also covered.			
		CITICORPI	NATIONAL SERVICES
	· · · · · · · · · · · · · · · · · · ·	Signature(s) of Secured Party(ies	
Signature(s) of Debtor(s)		An	
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)		Signature(s) (1 secured Party(ies	
	<u> </u>	Type Name of Individual or Busin	ness
Type Name of Individual or Business	ILING OFFICER COPY-ACKNOWLEDGEMENT	STANDAR	D FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3