

1. Return copy or recorded original to  
**CIVICORP NATIONAL SERVICES INC.**  
 formally known as:  
**CIVICORP ACCEPTANCE CO. INC.**  
 PO BOX 790142  
 ST. LOUIS, MO 63179

THIS SPACE FOR USE OF FILING OFFICER  
 Date, Time, Number & Filing Office

Pre-paid Acct. #

2. Name and Address of Debtor (Last Name First if a Person)  
**LAWLEY, BOBBY JOE**  
 ADD BELOW

Social Security/Tax ID #

2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)  
**LAWLEY, VANESSA A.**  
 P.O. BOX 127  
 SILURIA, AL 35144

Social Security/Tax ID #

☐ Additional debtors on attached UCC-E

3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person)  
**CIVICORP NATIONAL SERVICES INC.**  
 formally known as:  
**CIVICORP ACCEPTANCE CO. INC.**  
 PO BOX 790142  
 ST. LOUIS, MO 63179  
 Social Security/Tax ID #

☐ Additional secured parties on attached UCC-E

FILED WITH:

4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)

5. ☒ This statement refers to original Financing Statement bearing File No. **011494 - 24698**  
 Filed with **SHELBY COUNTY**

Date Filed **4/5** 19 **85**

6. ☐ Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective.  
 7. ☒ Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above.  
 8. ☐ Partial or ☐ Full Assignment. The Secured Party's right under the financing statement bearing file number shown above to the property described in item 11 or to all of the property listed on this file, is assigned to the assignee whose name and address appears in item 4.  
 9. ☐ Amendment. Financing statement bearing file number shown above is amended as set forth in item 11.  
 10. ☐ Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above.

11.

**008 519793**

**10.00**

11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:

**6 0 0 6 0 2**

Check X if covered: ☐ Products of Collateral are also covered.

Signature(s) of Debtor(s)

Signature(s) of Debtor(s) (necessary only if item 9 is applicable)

Type Name of Individual or Business

Signature(s) of Secured Party(ies)

Signature(s) of Secured Party(ies)

**CIVICORP NATIONAL SERVICES, INC.**

Type Name of Individual or Business

(1) FILING OFFICER COPY - ALPHABETICAL  
 (2) FILING OFFICER COPY - NUMERICAL

(3) FILING OFFICER COPY-ACKNOWLEDGEMENT  
 (4) FILE COPY - SECURED

(5) FILE COPY DEBTOR(S)

STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3  
 Approved by The Secretary of State of Alabama