

Important: Read Instructions on Back Before Filling out Form.

☐ 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.

1. Return copy or recorded original to

CITICORP NATIONAL SERVICES, INC
formerly known as:
CITICORP ACCEPTANCE CO., INC.
P.O. BOX 790142
ST. LOUIS, MO 63179

Pre-paid Acct #

2. Name and Address of Debtor

(Last Name First if a Person)

VIKERS, KAREN E.
P.O. BOX 845
ALABASTER, KAREN E.

Social Security/Tax ID # _____

2A Name and Address of Debtor

IF ANY

(Last Name First if a Person)

Social Security/Tax ID # _____

☐ Additional debtors on attached UCC-E

3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person)

CITICORP NATIONAL SERVICES, INC
formerly known as:
CITICORP ACCEPTANCE CO., INC.
P.O. BOX 790142
ST. LOUIS, MO 63179
Social Security/Tax ID # _____

Social Security/Tax ID # _____

☐ Additional secured parties on attached UCC-E

5. ☒ This statement refers to original Financing Statement bearing File No. 024230

Filed with SHELBY COUNTY

Date Filed 11/14 19 89

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 the 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 517946

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)

CITICORP NATIONAL SERVICES, INC.

Type Name of Individual or Business

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