67879

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.

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	
Citicorp National Ser formerly known as: Citicorp Acceptance (Oate, Time, Number & Filing Office	
12443 Olive BLVD St. Louis, MO 63141			
Pre-paid Acct. # 2. Name and Address of Debtor	(Last Name First if a Person)		
Owens, David Earl County Rd 40 Box 170 Oilsonville, AL 35186	6-9658		ATITIES OF THE PARTY.
Social Security/Tax ID #			
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)		
Horton, Kay Ingram same			15.17 11:17 SEE
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) Citicorp National Services, INC		4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last I	Name First if a Person)
formerly known as; Citicorp Accetpance (12443 Olive BLVD St. Louis, MO 63141 Social Security/Tax ID #	Co., INC		
☐ Additional secured parties on attached UCC-E			
5. This statement refers to original Financing State Shelby	ement bearing File No. 013508	Date Filed 1/16 19 86	
7. Termination. Secured Party no longer claims. 8. Partial or The Secured Party's right under property described in item 11 or Assignment. Whose name and address appearance of the Partial Secured Party releases the collar number shown above.	a security interest under the financing statement the tinancing statement bearing file number so to all of the property listed on this file, is assign.	shown above to the gned to the assignee in item 11.	
11.	•		er Code(s) From
		Best Colla	k of Form That t Describes The ateral Covered This Filing:
008-555433			500 602
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Check X if covered: Products of Collateral are a	also covered.	de in it is a la .	
Signature(s) of Debtor(s)	9.00	Signature(s) of Secured Partyles)	<u></u>
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)		Signature(s) of Secured Party(ies) Citicorp National Services	
Type Name of Individual or Business	2 OFFICE'S CODY ACKNOW! SOCIALIST	Type Name of Individual or Business STANDARD FORM — UNIFORM COMMERC	