## 67752

## 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.

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

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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 F filing pursuant to the Uniform Commercial Code.	ning Officer for	
Return copy or recorded original to CITICORP NATIONAL SERVICES., INC.		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	· · · · · · · · · · · · · · · · · · ·	
formerly known as:				
CITICORP ACCEPTANCE CO., INC.				
15851 CLAYTON RD.				
ST. LOUIS, MO 630112297				
· .·				
Pre-paid Acct. #			a	
2. Name and Address of Debtor	(Last Name First if a Person)			
			O L E	
BUIE, WILLIAM H.				
BOX 1431 COLUMBIANA, AL 35051-1431				
COLUMBIANA, AL DOODITION				
•			コ カ州 三黒	
Social Security / Tax ID #		<u> </u>		
2A. Name and Address of Debtor (IF At	NY) (Last Name First if a Person)		T 0 4 2 8	
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•			•	
			: .	
Social Security/Tax ID #		FILED WITH:		
☐ Additional debtors on attached UCC-E				
3. NAME AND ADDRESS OF SECURED PARTY) CITICORP NATIONAL SER	(Last Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF ANY)	(Last Name First if a Person)	
formerly known as:	•		•	
CITICORP ACCEPTANCE C	00., INC.			
15851 CLAYTON RD.				
ST. LOUIS, MO 630112	2297			
Social Security/Tax ID #		<del>-  </del>		
Additional secured parties on attached UCC-E				
5. This statement refers to original Financing S	statement bearing File No012408	<u> </u>		
Filed with SHELBY COUNTY		Date Filed8_/7		
7.  Termination. Secured Party no longer claim 8.  Partial or The Secured Party's right und 9.  Assignment. Whose name and address app 9.  Amendment Financing statement bearing to Secured Party releases the content of the Partial Secured Party releases the Content of the Party releases the Conte	ns a security interest under the financing states der the financing statement bearing file number or to all of the property listed on this file, is ass	er shown above to the signed to the assignee arth in item 11.		
11. 008 524512			11A. Enter Code(s) From	
			Back of Form That Best Describes The	
	•	•	Collateral Covered By This Filing:	
	`*		600 602	
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			<del></del>	
	••	; 1		
Check X if covered: D Products of Collateral a	re also covered.			
The state of the s			2~~~	
Signature(s) of Debtor(s)	· · · · · · · · · · · · · · · · · · ·	Signature(s) of Secured Party(ies)	- 1, t	
Signature(s) of Debior(s)			/	
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)		Signature(s) of Secured Party(ies) CITICORP NATIONAL SER	Signature(s) of Secured Party(ies) CITICORP NATIONAL SERVICES, INC.	
Type Name of Individual or Business		Type Name of Individual or Business		