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.

REORDER FROM
Registré. Inc.
514 PIERCE ST.
P.O. BOX 218
ANOKA, MNL 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 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.	2 5 世
ST. LOUIS, MO 630112297	
•	
Pre-paid Acct. #	
. Name and Address of Debtor (Last Name First if a Person)	
HILL, CURTIS WAYNE	# \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
KENT TRAILER PARK	
HARPERSVILLE, AL	
Social Security/Tax ID #	
A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)	
TITLE MELTINGA LO	
HILL, MELINDA JO	
SAME	
Social Security/Tax ID #	FILED WITH:
	——————————————————————————————————————
Additional debtors on attached UCC-E	
NAME AND ADDRESS OF SECURED PARTY) (Last Name First if a Person) CITICORP NATIONAL SERVICES., INC.	4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
formerly known as:	
CITICORP ACCEPTANCE CO., INC.	
15851 CLAYTON RD.	
ST. LOUIS, MO 630112297	
Social Security/Tax ID #	
Additional secured parties on attached UCC-E	
5. This statement refers to original Financing Statement bearing File No. 012387 Filed with SHELBY COUNTY	Date Filed 1 / 1 3 19 8 6
6. Continuation. The original financing statement between the foregoing Debtor and Secured	Date 1 No.
 7. Termination. 8. Partial or	ment bearing the file number shown above. r shown above to the signed to the assignee with in item 11.
008 560995	
	11A. Enter Code(s) From Back of Form That
	Best Describes The Collateral Covered
•	By This Filing:
	6.0.0 <u>-6.0</u> -1
•	· ————————————————————————————————————
	· · — — — — — — — — — — — — — — — — — —
Check X if covered: Products of Collateral are also covered.	
•	LUULLE KM
Signature(s) of Debtor(s)	Signature(s) of Secured(Party(ies)
Signature(s) of Debtor(s) Signature(s) of Debtor(s) (necessary only if item 9 is applicable)	Signature(s) of Secured Party(ies)