

1. Return copy or recorded original to

 CITICORP NATIONAL SERVICES, INC.
 formerly known as:
 CITICORP ACCEPTANCE COMPANY, INC.
 15851 CLAYTON ROAD
 ST. LOUIS, MO 63011
 Pre-paid Acct. #

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

15⁰⁰ + 1 = 216⁰⁰

 Inst # 1996-08081
 03/12/1996-08081
 10:16 AM CERTIFIED
 SHELBY COUNTY JUDGE OF PROBATE
 001 MCD 16.00

2. Name and Address of Debtor (Last Name First if a Person)

 MILLS, DAVID R.
 P. O. BOX 605
 CALERA, AL 35040-0605

 Social Security/Tax ID #

2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)

 MILLS, KATHY J.
 SAME

 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 COMPANY, INC.
 15851 CLAYTON ROAD
 ST. LOUIS, MO 63011
 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. 0014657 - 28297
 Filed with SHELBY COUNTY Date Filed 06/26 19 86

- 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. 008-531848

 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)
Stan Scherlock
 Signature(s) of Secured Party(ies)
 CITICORP NATIONAL SERVICES, INC.
 Type Name of Individual or Business