

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. #

2. Name and Address of Debtor

(Last Name First if a Person)

JACKSON, JAMES L.
 ROUTE 1, P.O. BOX 144
 HARPERSVILLE, AL 35078-0912

Social Security/Tax ID #

2A. Name and Address of Debtor

(IF ANY)

(Last Name First if a Person)

JACKSON, BILLIE
 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-E5. ☐ This statement refers to original Financing Statement bearing File No.

Filed with

SHELBY COUNTY

4. ASSIGNEE OF SECURED PARTY

(IF ANY)

(Last Name First if a Person)

Date Filed

07/25

19

83

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.

008-587303

11A. Enter Code(s) From
 Back of Form That
 Best Describes The
 Collateral Covered
 By This Filing.

600 602

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)

Type Name of Individual or Business

CITICORP NATIONAL SERVICES, INC.

(1) FILING OFFICER COPY - ALPHABETICAL
 (2) FILING OFFICER COPY - NUMERICAL

(3) FILING OFFICER COPY-ACKNOWLEDGEMENT
 (4) FILE COPY - SECURED

(5) FILE COPY DEBTOR(S)

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

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

FILED WITH:

Inst # 1996-18860
 06/11/1996-18860
 09:27 AM CERTIFIED
 SHELBY COUNTY JUDGE OF PROBATE
 001 MCD .00

07012-1993-03587