Return copy or recorded original to	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office
CITICORP NATIONAL SERVICES, INC.	
formerly known as:	1500
^ CITICORP ACCEPTANCE COMPANY, INC.	
15851 CLAYTON ROAD	
. ST. LOUIS, MO 63011	
Pre-paid Acct. #	
MEREDITH, SAM	,—,
ROUTE 2 BOX 790	© © <u>11</u> ; ;
CALERA, AL 35040	
	in the River State of the River
Social Security/Tax ID #	
	8 8 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
N/A	
•	* 1° 5 5
	+ 74
Social Security/Tax ID #	FILED WITH:
☐ Additional debtors on attached UCC-E	
3 NAME AND APPRESS OF SECURE PARTY WE ast Name Firstly Resould as:	4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
CITICORP ACCEPTANCE COMPANY, INC.	
15851 CLAYTON ROAD	
ST. LOUIS, MO 63011	
Social Security / Tax ID #	
☐ Additional secured parties on attached UCC-E	1/2/01
015283	1900/ 8/1/
5. This statement refers to original Financing Statement bearing File No SHELBY COUNTY	Date Filed 09/18 19 86
Continuation. The original financing statement between the foregoing Debtor and Secured R. Termination. Secured Party no longer claims a security interest under the financing statement. Secured Party's right under the financing statement bearing file number of the property described in item 11 or to all of the property listed on this file, is assignment. 9. Amendment Financing statement bearing file number shown above is amended as set fort Secured Party releases the collateral described in item 11 from the financing number shown above.	ent bearing the file number shown above shown above shown above to the gned to the assignee. h in item 11.
11.	
	11A. Enter Code(s) From Back of Form That
	Best Describes The Collateral Covered By This Filing:
008-532713	<u>600</u> <u>602</u>
	
	
Check X if covered: Products of Collateral are also covered.	
Signature(s) of Debtor(s) শ্ব	Signature (s) of Secured Party(ies Chiles Les Les Les Les Les Les Les Les Les L
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)	CITICORP NATIONAL SERVICES, INC.
Type Name of Individual or Business	Type Name of Individual or Business
, ,	STANDARD FORM — UNIFORM COMMERCIAL CODE FORM UCC-3 (5) FILE COPY DEBTOR(S) Approved by The Secretary of State of Alabama
(1) FILING OFFICER COPY - ALPHABETICAL (3) FILING OFFICER COPY-ACKNOWLEDGEMENT	STANDARD FORM — UNIFORM COMMERCIAL CODE FORM UC

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ப் The Deptor is க்ளவர்கள் யாழ் didity as defined in ALA CODE 7-9-105(n).

No. of Additional Sheets Presented: