

1. 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:
CITICORP ACCEPTANCE COMPANY, INC.
15851 CLAYTON ROAD
ST. LOUIS, MO 63011

2. Name and Address of Debtor

(Last Name First if a Person)

PRICE, BOBBY J.
P. O. BOX 151
ALABASTER, AL 35007-0151

Social Security/Tax ID #

2A. Name and Address of Debtor

(IF ANY)

(Last Name First if a Person)

N/A

Social Security/Tax ID #

FILED WITH:

☐ 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

4. ASSIGNEE OF SECURED PARTY

(IF ANY)

(Last Name First if a Person)

5. ☐ This statement refers to original Financing Statement bearing File No

029717

Filed with

SHELBY COUNTY

Date Filed 10/24

19 91

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 1110. ☐ Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above.

11.

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

600 602

008-533570

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)

CITICORP NATIONAL SERVICES, INC.

Type Name of Individual or Business

(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