. 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	
. Name and Address of Debtor (Last Name First if a Person)	26. 17. 17. 17. 18. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
PRICE, MICKY LEE	
ROUTE 4 BOX 720	
ALABASTER, AL 35007	
TIGILDING FEEL COOCT	
Social Security/Tax ID #	
A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)	# # # # # # # # # # # # # # # # # # #
N/A	
II/II	
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., formerly known as:	4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
CITICORP ACCEPTANCE COMPANY, INC.	
15851 CLAYTON ROAD	
ST. LOUIS, NO 63011	
Social Security/Tax ID #	
Additional secured parties on attached UCC-E	
5. This statement refers to original Financing Statement bearing File No. 104964	Date Filed 10/22 19 82
Filed with SHELBY COUNTY  6.  Sentinuation. The original financing statement between the foregoing Debtor and Secured	Date rivos
7. Premination. Secured Party no longer claims a security interest under the financing states	ment bearing the file number shown above.
☐ Full property described in item 11 or to all of the property listed on this file, is ass	
Assignment. whose name and address appears in item 4.  9.  Amendment Financing statement bearing file number shown above is amended as set for	rth in item 11.
<ol> <li>Partial Secured Party releases the collateral described in item 11 from the financing Release number shown above.</li> </ol>	statement bearing file
)1.	
	11A. Enter Code(s) From Back of Form That
	Best Describes The Collateral Covered
016 505511	By This Filing: 6 0 06_0 2
016-505511	0 U U
	——————————————————————————————————————
•	
	<u> </u>
Check X if covered:   Products of Collateral are also covered.	11/2/1/2/2
•	1 1 0 UN DAK
Signature(s) of Debtor(s)	Signature(s) of Secured Party(les)
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)	CITICORP NATIONAL SERVICES, INC. Signature(s) of Secured Party(les)
Type Name of Individual or Business	
FIUNG OFFICER COPY - ALPHABETICAL (3) FIUNG OFFICER COPY-ACKNOWLEDGEMENT	Type Name of Individual or Business  STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3
FILING OFFICER COPY - NUMERICAL (4) FILE COPY - SECURED	(5) FILE COPY DEBTOR(S) Approved by The Secretary of State of Alabama

filing pursuant to the Uniform Commercial Code.

as defined in ALM CODE 7-9-105(n).

Sheets Presented: