

1. Return copy or recorded original to		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
CITICORP NATIONAL SERVICES, INC. FKA: CITICORP ACCEPTANCE COMPANY, INC. 15851 CLAYTON ROAD ST. LOUIS, MO 63011 Pre-paid Acct. # _____		Inst # 1997-00781 01/09/1997-00781 09:27 AM CERTIFIED SHELBY COUNTY JUDGE OF PROBATE 001 MCD 16.00	
2. Name and Address of Debtor (Last Name First if a Person) FRYE, WAYNE P. P. O. BOX 383 MONTEVALLO, AL 35115 Social Security/Tax ID # _____			
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person) FRYE, KIMBERLY L. SAME Social Security/Tax ID # _____			
<input type="checkbox"/> Additional debtors on attached UCC-E		FILED WITH:	
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 # _____		4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)	
<input type="checkbox"/> Additional secured parties on attached UCC-E			
5. <input type="checkbox"/> This statement refers to original Financing Statement bearing File No. 030377 Filed with SHELBY COUNTY		Date Filed JANUARY 27, 19 97	
6. <input checked="" type="checkbox"/> Continuation. The original financing statement between the foregoing Debtor and Secured Party, bearing file number shown above, is still effective.			
7. <input type="checkbox"/> Termination. Secured Party no longer claims a security interest under the financing statement bearing the file number shown above			
8. <input type="checkbox"/> Partial or <input type="checkbox"/> 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. <input type="checkbox"/> Amendment. Financing statement bearing file number shown above is amended as set forth in item 11			
10. <input type="checkbox"/> Partial Release. Secured Party releases the collateral described in item 11 from the financing statement bearing file number shown above.			
11.			
008-518258		11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing: - 8 0 0 6 0 2 -	
Check X if covered: <input type="checkbox"/> Products of Collateral are also covered.			
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies)	
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)		Signature(s) of Secured Party(ies)	
Type Name of Individual or Business		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