

1. Return copy or recorded original to

CITICORP NATIONAL SERVICES, INC.  
• FKA: CITICORP ACCEPTANCE COMPANY, INC.  
15851 CLAYTON ROAD  
ST. LOUIS, MO 63011

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

Inst # 1997-01732

01/16/1997-01732  
12:47 PM CERTIFIED  
SHELBY COUNTY JUDGE OF PROBATE  
15.00  
001 NCJ

Pre-paid Acct. # \_\_\_\_\_

2. Name and Address of Debtor (Last Name First if a Person)

SMITH, KENNETH S.  
ROUTE 1 BOX 1465  
JEMISON, AL 35085-9801

Social Security/Tax ID # \_\_\_\_\_

2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)

N/A

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-E

FILED WITH:

4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)

5. ☐ This statement refers to original Financing Statement bearing File No. 029881

Filed with SHELBY Date Filed 11/12 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 11.

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

11. \_\_\_\_\_

008-533364

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)

Citicorp National Services

Type Name of Individual or Business