STATE OF ALABAMA — UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. — FORM UCC-3

045540 Important: Read Instructions on Back Before Filling out Form.

514 PIERCE ST. P.O. BOX 218 ANOKA, MN. 55303 (612) 421-1713

☐ The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n). No. of Additional Sheets Presented:	This FINANCING STATEMENT is presented to a Filing C filing pursuant to the Uniform Commercial Code	Officer for
CITICORP NATIONAL SERVICES INC. P.O. BOX 24610 OKLAHOMA CITY, OK 73124	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Fiting Office	161 FIED BATE
ACC#018-558866	Q 2	0 H 20 33 60 60 60 60 60 60 60 60 60 60 60 60 60
Pre-paid Acct. # 2. Name and Address of Debtor (Last Name First if a Person)	1	97-76 CER 通
LITTLE, PEGGY J. LOT #244 GREEN PARK SOUTH MHP PELHAM, AL 35124 Social Security/Tax ID #	Inst # 199	O1/E2/199 O1/E2/199 SHELBY COUNTY JU SHELBY COUNTY JU
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 HOMEOWNERS, INC. 2358 FAIRLANE DR. MONTGOMERY, AL 36116	4. ASSIGNEE OF SECURED PARTY (IF ANY)	(Last Name First II a Person)
Social Security/Tax ID # Additional secured parties on attached UCC-E		
5. This statement refers to original Financing Statement bearing File No	Date Filed 10/14/86 19_	······································
6. Continuation. The original financing statement between the foregoing Debtor and Secured 7. Termination. Secured Party no longer claims a security interest under the financing statement 8. Partial or The Secured Party's right under the financing statement bearing file number 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 for Secured Party releases the collateral described in item 11 from the financing number shown above.	Party, bearing file number shown above, is still effective. nent bearing the file number shown above. shown above to the igned to the assignee th in item 11	
AMENDMENT: 10/14/86 FILE NO#06152	1	1A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
Check X if covered: Products of Collateral are also covered.	OTHTOODS MARKET COSTS CO	
Signature(s) of Debtor(s)	CITICORP NATIONAL SERVICE Signature(s) of Secured Part (1987)	D INC.
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)	Signature(s) of Secured Party(ies)	gent
Type Name of Individual or Business (1) FILING OFFICER COPY - ALPHABETICAL (3) FILING OFFICER COPY-ACKNOWLEDGEMENT	Type Name of Individual or Business STANDARD FORM — UNIFORM CO	DMMERCIAL CODE — FORM LICC-3