

1. Return copy or recorded original to

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

Pre-paid Acct. # _____
2. Name and Address of Debtor (Last Name First if a Person)

FARRINGTON, HATTIE JACKSON
130 HIGHWAY 2042
MONTEVALLO, AL 35115-9241

Social Security/Tax ID # _____
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)

N/A
SAME

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

5. ☐ This statement refers to original Financing Statement bearing File No. **92-5548**
Filed with **SHELBY COUNTY**

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. 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.

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

Inst. # 1997-04338
02/10/1997-04338
11:43 AM CERTIFIED

FILED WITH:

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

02/10/1997-04338
11:43 AM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
001 MEL 15.00

Date Filed **APRIL 23, 19 92**

008-573949

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, INC.
Type Name of Individual or Business