as defined in ALA CODE 7-9-105(n). Sheets Presented:	
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	2 9
Pre-paid Acct. #	
Name and Address of Debtor (Last Name First if a Person)	· · · · · · · · · · · · · · · · · · ·
ATCHINSON, ANTHONY E.	
LOT 226, GREENPARK SOUTH	
PELHAM, AL 35124	* T = 1
Social Security/Tax ID #	
	700
PRICE, JAMES	,
SAME	
	a,
	•
Social Security/Tax ID #	FILED WITH:
Additional debtors on attached UCC-E	4 ACOUNTE OF PERIODE DATE: AT AND A TANK THE PROPERTY OF THE PROPERTY OF THE PERIOD OF
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	
☐ This statement refers to original Financing Statement bearing File No013481	<u> </u>
Filed withSHELDY_COUNTY	Date Filed FERGUARY 4 19 19
Continuation. The original financing statement between the foregoing Debtor and Secured Termination. Secured Party no longer claims a security interest under the financing statement. 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. Assignment. Amendment Party releases the collateral described in item 11 from the financing number shown above.	ent bearing the file number shown above. shown above to the gned to the assignee th in item 11.
	11A. Enter Code(s) From Back of Form That Best Describes The
	Colleteral Covered By This Filing:
008-529826	-6-0-0 6-0-2 -
	
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a	
Chack Y if covered: [7] Brodusto of Colleges I are store assessed	
Check X if covered: Products of Collateral are also covered.	
Signature(s) of Debtor(s)	Signatures of Secures Party(less)
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)	Signature of Secured Party(les) CITICORP NATIONAL SERVICES, INC.
Type Name of Individual or Business	Type Name of Individual or Business
FILING OFFICER COPY - ALPHABETICAL (3) FILING OFFICER COPY-ACKNOWLEDGEMENT FILING OFFICER COPY - NUMERICAL (4) FILE COPY - SECURED	STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-3 Approved by The Secretary of State of Alabama ,