

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

Pre-paid Acct. # \_\_\_\_\_  
2. Name and Address of Debtor (Last Name First if a Person)  
  
**GRIFFITH, GLEN**  
**ROUTE 2, LOT G8, SOUTH GATE**  
**PELHAM, AL 35124**

Inst # 1997-19521  
06/23/1997-19521  
10:17 AM CERTIFIED  
SHELBY COUNTY JUDGE OF PROBATE  
JUN 23 1997

Social Security/Tax ID # \_\_\_\_\_  
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)  
  
**NUNLEY, JACK**  
**SAME**

FILED WITH:

☐ 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

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

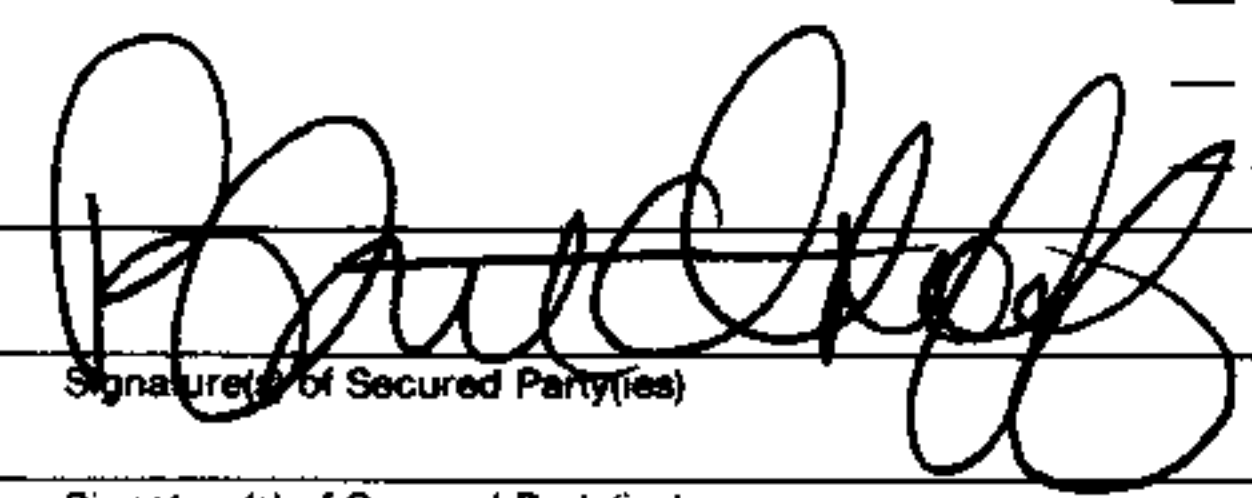
5. ☐ This statement refers to original Financing Statement bearing File No. **020739**  
Filed with **SHELBY COUNTY**

Date Filed **JULY 25, 19 93**

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.

11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:  
**600 602**

**008-592881**  
  
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