. Return copy or recorded original to	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office
CITICORP NATIONAL SERVICES, INC.	Date, Fine, Italiae at ming office
FKA: CITICORP ACCEPTANCE COMPANY, INC.	
15851 CLAYTON ROAD	
ST. LOUIS, MO 63011	
Pre-paid Acct. #(Last Name First if a Person)	,
2. Name and Address of Debtor (Last Name First if a Person)	
BRASHER, DAVID W.	그 구비!
101 BRASHER AVENUE	Ď Ď L D Z
CHELBA, AL 35043	
Social Coought / Toy ID #	
Social Security/Tax ID #	
	ガニを変
BRASHER, JACKIE W.	
SAME	
	· 一 · · · · · · · · · · · · · · · · · ·
Social Security/Tax ID #	FILED WITH:
☐ Additional debtors on attached UCC-E	
3. NAME AND ADDRESS OF SECURED PARTY) (Last Name First if a Person) CITICURP NATIONAL SERVICES, INC., FOR METLY KNOWN as:	4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
CITICORP ACCEPTANCE COMPANY, INC.	
15851 CLAYTON ROAD	
ST. LOUIS, MO 63011	
Social Security/Tax ID #	
Additional secured parties on attached UCC-E	<u> </u>
5. This statement refers to original Financing Statement bearing File No.	NOVEMBER 14. 92
5. This statement refers to original Financing Statement bearing File No. SHELBY COUNTY	Date FiledNOVEMBER 14, 19 92
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5. This statement refers to original Financing Statement bearing File No. Filed with 6. Continuation. 7 Termination. 8. Partial or Full Products of Collateral are also covered. 9 Amendment Release Check X if covered: Products of Collateral are also covered. 9 Check X if covered: Products of Collateral are also covered.	Party, bearing file number shown above, is still effective ent bearing the file number shown above. Shown above to the gned to the assignee In in item 11. Statement bearing file 11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:

filing pursuant to the Uniform Commercial Code.

as defined in ALA CODE 7-9-105(n).

Sheets Presented: