. Return copy or recorded original to	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
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CITICORP NATIONAL SERVICES, INC.		
FKA: CITICORP ACCEPTANCE COMPANY, INC.		
15851 CLAYTON ROAD		
ST. LOUIS, MO 63011		•
Pre-paid Acct. #	·	. 8
Name and Address of Debtor (Last Name First if a Person)		79 M M
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MONTEVALLO, AL 35115	<b>G</b>	
Social Security/Tax ID #		てない。
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)		# a = 5
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SPARKS, TAMMY M.	Ë	<b>4</b>
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Social Security/Tax ID #	FILED WITH:	•
Additional debtors on attached UCC-E	4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last	Name First if a Person)
NAME AND ADDRESS OF SECURED PARTY) (Last Name First if a Person)  CITICORP NATIONAL SERVICES, INC., formerly known as:	4. ASSIGNEE OF SECONED FAITH	
CITICORP ACCEPTANCE COMPANY, INC.		
15851 CLAYTON ROAD		
ST. LOUIS, MO 63011 Social Security/Tax ID #		
☐ Additional secured parties on attached UCC-E		
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This statement refers to original Financing Statement hearing File No. 92-27475		_
5. This statement refers to original Financing Statement bearing File No 92-27475  Filed with	Date Filed. NOVENSER 19, 19—92	
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filing pursuant to the Uniform Commercial Code

\_\_\_\_ rine Debtor is a clarismitting stality as defined in ALA CODE 7-9-105(n).

Sheets Presented: