. Return copy or recorded original to	Date, Time, Number & Filing Office		
CITICORP NATIONAL SERVICES, INC.			
FKA: CITICORP ACCEPTANCE COMPANY, INC.			
15851 CLAYTON ROAD			
ST. LOUIS, MO 63011			
DI. ECCID, MC COUIT			
Pre-paid Acct. #	,		
Name and Address of Debtor (Last Name First if a Person)			
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DATESTOODS MADE S		.m	•
DAVENPORT, MARY S.			
P. O. BOX 56			e
SHELBY, AL 35143		7 21.	7 52
			5 %
Social Security/Tax ID #	``		
A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)		מ מ	. •
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		, see .	l .
Social Security/Tax ID #	FILED WITH:	<u></u>	
		•	
Additional debtors on attached UCC-E		d - at ble see Eight it o	(Damon)
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, MO 63011			
·	<u>:</u>		
Social Security/Tax ID #	▶		
Additional secured parties on attached UCC-E			
5. This statement refers to original Financing Statement bearing File No. 93-00309			
Filed withSHELBY COUNTY	Date Filed JANUARY 5.	19 93	
6. Continuation. The original financing statement between the foregoing Debtor and Secured			
7. Termination. Secured Party no longer claims a security interest under the financing statem	ent bearing the file number shown above.		
8 Partial or The Secured Party's right under the financing statement bearing file number: Full property described in item 11 or to all of the property listed on this file, is assigned.			
Assignment. whose name and address appears in item 4.	gines to the assignee		
9. Amendment Financing statement bearing file number shown above is amended as set fort			
 Partial Secured Party releases the collateral described in item 11 from the financing Release number shown above. 	statement bearing tile		
1.			
		11A. Enter Code(s) From	m.
		Back of Form That Best Describes Th	t
		Collateral Covered	
		By This Filing:	
008-586370		6 0-0-6	0 2 –
			
· •			
•			_
			
			
Check X if covered: Products of Collateral are also covered.	11		
	Maria Polalani		
Signature(s) of Debtor(s)	Signature(s) of Secured Party(ies)		
The second of th			
signature(s) of Debtor(s) (necessary only if item 9 is applicable)	Signature(s) of Secured Party(ies)	DITAMA TIA	
	CITICORP NATIONAL SE	RVICES, INC.	
Type Name of Individual or Business (3) SHING OFFICER CORY, ALPHARETICAL (3) SHING OFFICER CORY, ACKNOWLEDGEMENT	Type Name of Individual or Business STANDARD FORM — UN	IIFORM COMMERCIAL CODE — F	ORM LICC-3
) FILING OFFICER COPY - ALPHABETICAL (3) FILING OFFICER COPY - ACKNOWLEDGEMENT 2) FILING OFFICER COPY - NUMERICAL (4) FILE COPY - SECURED		The Secretary of State of Alabema	
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filing pursuant to the Uniform Commercial Code

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

Sheets Presented.