

1. Turn 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

Inst # 1998-09038

03/16/1998-09038
12:06 PM CERTIFIED
SHELBY COUNTY JUDGE OF PROBATE
001 MCB 16:00

Pre-paid Acct # _____
2. Name and Address of Debtor (Last Name First if a Person)
ALLEN, DARRELL W.
RT 1 BOX 448
CALERA, AL 35050

Social Security/Tax ID # _____
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)
ALLEN, DONNA W.

Social Security/Tax ID # _____
☐ Additional debtors on attached UCC-E

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

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

☐ Additional secured parties on attached UCC-E

5. ☐ This statement refers to original Financing Statement bearing File No. **1993-07668**
Filed with **SHELBY COUNTY** Date Filed **MARCH 22, 1993** 19__

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. _____
008-589267

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

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) *Donna Kaban* _____
Signature(s) of Secured Party(ies) **CITICORP NATIONAL SERVICES, INC.** _____
Type Name of Individual or Business _____