The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).			No. of Additional This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to Sheets Presented: The Uniform Commercial Code.			
1. Return copy or recorded original to CITICORP NATIONAL SERVICES, INC. Formerly known as: CITICORP ACCEPTANCE CO, INC. P O BOX 790142 ST. LOUIS, MO 63179	4		THIS SPACE FOR USE OF FILING OFFICE Date, Time, Number & filing Office	R		
Pre-paid Acct. #						
2. Name and Address of Debtor (Last Name First if a Person) WATTS, ROGER D. RT. 2			Inst # 1998-37905			
COLUMBIANA, AL 35051			09/29/1998		•	ı
Social Security/Tax ID #	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	O1:48 PM CE SHELBY COUNTY JUDG	ERTIFIE	•	
2A. Name and Address of Debtor WATTS, CONNIE M. SAME AS ABOVE	(IF ANY)	(Last Name First if a Person)	001 CRH	16.00		
· · .	•	() Make	20 30 30 30 30 30 30 30 30 30 30 30 30 30	and the same of th	•	
Social Security/Tax ID #			FILED WITH:		<u> </u>	
Additional debters as attached LICC	. 					
Additional debtors on attached UCC		(Last Name First if a Person)	4. NAME AND ADDRESS OF ASSIGNEE	OF SECURED PARTY	(IF ANY) (Last Name Fir	st if a Person)
3. NAME AND ADDRESS OF SECURED PA CITICORP NATIONAL SERVICES, INC. P.O. BOX 790142 ST. LOUIS, MO 63179	AKIT	(Cast Martie Frist (La Ferson)	4. NAME AND ADDITION OF ROUTINE		(\
Social Security/Tax ID #			£			
Additional secured parties on attach	ed UCC-E					
5. This statement refers to original No. 19288	pinal Financing Statement bearing F	File				•
Filed with SHELBY COUNTY			Date Filed	2/15	1988	
6 X Continuation T	he original financing statement bet	tween the foregoing Debtor and Se	cured Party, bearing file number shown abo	ve, is still effective.		
7. Termination S	ecured Party no longer claims a se	curity interest under the financing	statement bearing the file number shown al	bove.		
			umber shown above to the property describ e name and address appears in item 4.	ed in item 11 or to		,
9. Amendment F	inancing statement bearing file nur	mber shown above is amended as s	set forth in i țe m 11.			
10. Partial Release S	ecured Party releases the collatera	al described in item 11 from the fin	ancing statement bearing file number show	n above.		
11. 008 585968					From Back of Form That s The Collateral Covered	
				<u>6</u> <u>D</u>	0 6	
					· —	
•						
Check X if coverend: Products	of Collateral are also covered					
3 · · · ·	<u> </u>			· · ·		
Signature(s) of Debtor(s)	····		Signature(s) of Secured P	"TOWN)		
Signature(s) of Dabtor(s) (necessary only if item 9 is applicable)			Signature of Secured Party(iet) CITICORP NATIONAL SERVICES, INC.			
Type Name of Individual or Business	IDAL (2) EN IND OF	FICER COPY – ACKNOWLEDGEM	Type Name of Individual o	or Business STA	ANDARO FORM – UNIFORM C	OMMERCIAL CODE - FORM
(1) FILING OFFICER COPY - ALPHABETT (2) FILING OFFICER COPY - NUMERICA		Y – SECURED PARTY	(5) FILE COPY DEBTOR(S			etary of State of Alabama