The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).		No. of Additional Sheets Presented:	and the state of t			
1. Return copy or recorded original to CITICORP NATIONAL SERVICES, Formerly known as: CITICORP ACCEPTANCE CO, INC. P. O. BOX 790142 ST. LOUIS, MO 63179	INC.	THIS SPACE FOR USE OF FILING Date, Time, Number & filing Office				
Pre-paid Acct. #	<u> </u>					
2. Name and Address of Debtor MILLS, DAVID R. P O BOX 605 CALERA, AL 35040-0605	(Last Name First if a Person)	-		.38313	38313 TIFIED F PROMIE 7.00	
Social Security/Tax ID #	· · · · · · · · · · · · · · · · · · ·	-		Ġ.	- B H H	
2A. Name and Address of Debtor MILLS, KATHY J. SAME AS ABOVE	(IF ANY) (Last Name First if a Person)				A COMMIN MELS ON FEL	
Social Security/Tax ID #		EI) ER WITH.			41 41 41 41 41 41 41 41 41 41 41 41 41 4	
· · · · · · · · · · · · · · · · · · ·	Lucor	FILED WITH:				
3. NAME AND ADDRESS OF SECUR		4. NAME AND ADDRESS OF AS	SIGNEE DE SECHREB PARTY - JIE	ANY) (Last Name F	First if a Person)	
CITICORP NATIONAL SERVICES, P.O. BOX 790142 ST. LOUIS, MO 63179 Social Security/Tax 1D #	. INC.		•			
Additional secured parties on a	attached UCU-E					
5. This statement refers No. 014657	to original Financing Statement bearing File					
Filed with SHELBY COUNTY		Date	Filed <u>6/26</u> 19			
6. Continuation 7. X Termination	The original financing statement between the foregoing Debtor and Statement Secured Party no longer claims a security interest under the financing					
8. Partial or Full Assignment	The Secured Party's right under the financing statement bearing file of the property listed on this file, is assigned to the assignee whose					
9. Amendment	Financing statement bearing file number shown above is amended as	t	r shown ahove			
10. Partial Release	Secured Party releases the collateral described in item 11 from the fi	HallChig Stateshett bearing the house	11A. Enter Code(s) From	n Back of Form That		
1}. 008 531848				e Collateral Covered		
	- ·		<u>6</u> <u>0</u>	<u>6</u> 	<u>0</u> <u>2</u>	
	oducts of Collateral are also covered.				. 	
\$						
Signature(s) of Debtor(s)	<u> </u>	Signature(s) of Se	W Helins			
Signature(s) of Debtor(s) (necessar	y only if item 9 is applicable)		NAL SERVICES, INC.			
Type Name of Individual or Busines (1) FILING OFFICER COPY – ALPH (2) FILING OFFICER COPY – NUM	ABETICAL (3) FILING OFFICER COPY – ACKNOWLEDGEN			STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM Approved by The Secretary of State of Alabama		