The Debtor is a transmitting utility as defined	No. of Additional Sheets Presented:	This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to The Uniform Commercial Code.
in ALA CODE 7-9-105(n). 1. Return copy or recorded original to	THIS SPACE FOR USE OF	
CITICORP NATIONAL SERVICES, INC. FKA: CITICORP ACCEPTANCE COMPANY, INC. P. O. BOX 790142	Date, Time, Number & fil	ing Utice
ST. LOUIS, MO 63179		
Pre-paid Acct. #		HES THE
2. Name and Address of Debtor (Last Name First if a Person)		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
PRICE, BOBBY J. P.O. BOX 151		
ALABASTER, AL 35007-0151		
Social Security/Tax ID #		
2A. Name and Address of Debtor (IF ANY) (Last Name First if a	Person)	
N/A		
Social Security/Tax ID #	FILED WITH:	·
	Liften Asilu:	
Additional debtors on attached UCC-E		SS OF 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) 4. NAME AND ADDRE	SS OF ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
CITICORP NATIONAL SERVICES, INC. FKA: CITICORP ACCEPTANCE COMPANY, INC. P. O. BOX 790142 ST. LOUIS, MO 63179		
Social Security/Tax ID #		
Additional secured parties on attached UCC-E		
5. This statement refers to original Financing Statement bearing File No. 30644		
Filed with SHELBY COUNTY		Date Filed SEPT 17, 19 96
	· · · · · · · · · · · · · · · · · · ·	
6. Continuation The original financing statement between the foregoing Del		
7. X Termination Secured Party no longer claims a security interest under the	e financing statement bearing the file	number shown above.
8. Partial or The Secured Party's right under the financing statement be all of the property listed on this file, is assigned to the assignment.	earing file number shown above to the gnee whose name and address appea	e property described in item 11 or to ers in item 4.
9. Amendment Financing statement bearing file number shown above is an	nended 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.		11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered
		By This Fi ling: 6 0 0 <u>6 0 2</u>
008-533570		
Check X if coverend: Products of Collateral are also covered.		<u> </u>
Signature(s) of Debtor(s)	Signate	ure(s) of Secured Partylies)
	Sinnat	ure of Secured Partylies)
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)	•	ORP NATIONAL SERVICES, INC.
T.m. Name of Individual or Business		tame of Individual or Business
Type Name of Individual or Business (1) FILING OFFICER COPY – ALPHABETICAL (2) FILING OFFICER COPY – NUMERICAL (3) FILING OFFICER COPY – ACKNOWN (4) FILE COPY – SECURED PARTY	OWLEDGEMENT (5) FIL	STANDARD FORM – UNIFORM COMMERCIAL CODE – FOR E COPY DEBTOR(S) Approved by The Secretary of State of Alabama