The Bebtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:		
1. Return copy or recorded original to	THIS SPACE FOR USE Of Date, Time, Number & f		
CITICORP NATIONAL SERVICES, INC.	Date, Time, realization of the		. A
FKA: CITICORP ACCEPTANCE COMPANY, INC. P. O. BOX 790142			φ Φ
ST. LOUIS, MO 63179			ि 🕮 अर्थाता.
Pre-paid Acct. #			60 4 F 最 2 世 語
2. Name and Address of Debtor (Last Name First if a Person)			のは、これの
SPARKS, CURTIS A.			
ROUTE 1 BOX 835-B MAYLENE, AL 35114			o term
Social Security/Tax ID #			
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Pi	ex son)		4 € € € € €
SPARKS, TAMMY D. SAME			
Social Security/Tax ID #	FILED WITH:		<u></u>
Additional debtors on attached UCC-E			
3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a P	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. 97-14778			
Filed with SHELBY COUNTY		Date Filed MAY 12, 19 9	<u>17</u>
6. Continuation The original financing statement between the foregoing Debtor	r and Secured Party, bearing file no	mber shown above, is still effective.	
7. X Termination Secured Party no longer claims a security interest under the fir	nancing statement bearing the file	number shown above.	
8. Partial or The Secured Party's right under the financing statement bearing. Full Assignment all of the property listed on this file, is assigned to the assigned.			
9. Amendment Financing statement bearing file number shown above is amen	ded as set forth in item 11.		
10. Partial Release Secured Party releases the collateral described in item 11 from	n the financing statement bearing f	ile number shown above.	
11.		11A. Enter Code(s) From Baci Best Describes The Col	
008-576033	•	By This Filing: 6 A D	6 A 2
,		<u> </u>	<u> </u>
,			
Check X if coverend: Products of Collateral are also covered.	<u></u>		*
Signature(s) of Debtor(s)	Signature	(s) of Secured Party(ies)	<u> </u>
Militarinolal of mentorial		Shelic Croe	<u>m</u>
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)	Signatur	of Secured Party(ies)	
		RP NATIONAL SERVICES, INC.	
Type Name of Individual or Business (1) FILING OFFICER COPY – ALPHABETICAL (3) FILING OFFICER COPY – ACKNOWLE		ne of Individual or Business STANDARD I	FORM – UNIFORM COMMERCIAL CODE – FORM
(1) FILING OFFICER COPY – ALPHABETICAL (3) FILING OFFICER COPY – ACKNOWLE (2) FILING OFFICER COPY – NUMERICAL (4) FILE COPY – SECURED PARTY			proved by The Secretary of State of Alabama