

☐ The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).

No. of Additional
Sheets Presented:

This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to
The Uniform Commercial Code.

1. Return copy or recorded original to

CITICORP NATIONAL SERVICES, INC.
FKA: CITICORP ACCEPTANCE COMPANY, INC.
P. O. BOX 790142
ST. LOUIS, MO 63179

Pre-paid Acct. # _____

THIS SPACE FOR USE OF FILING OFFICER
Date, Time, Number & Filing Office

2. Name and Address of Debtor

(Last Name First if a Person)

DENTY, LARRY W.
649 GALLUPS CROSS RDS
HARPERSVILLE, AL 35078

Social Security/Tax ID # _____

2A. Name and Address of Debtor

(IF ANY)

(Last Name First if a Person)

N/A

Social Security/Tax ID # _____

☐ Additional debtors on attached UCC-E

FILED WITH:

3. NAME AND ADDRESS OF SECURED PARTY

(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 # _____

4. NAME AND ADDRESS OF ASSIGNEE OF SECURED PARTY (IF ANY)

(Last Name First if a Person)

☐ Additional secured parties on attached UCC-E

5. ☐ This statement refers to original Financing Statement bearing File
No. 07293

Filed with SHELBY COUNTY

Date Filed MAR 7, 19 94

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.

008-537829

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

6	0	0	6	0	2
___	___	___	___	___	___
___	___	___	___	___	___
___	___	___	___	___	___
___	___	___	___	___	___

Check X if covered:

☐

Products of Collateral are also covered.

Signature(s) of Debtor(s)

Signature(s) of Secured Party(ies)

Shelia Croom

Signature(s) of Debtor(s) (necessary only if item 9 is applicable)

Signature of Secured Party(ies)

CITICORP NATIONAL SERVICES, INC.

Type Name of Individual or Business

Type Name of Individual or Business

(1) FILING OFFICER COPY - ALPHABETICAL
(2) FILING OFFICER COPY - NUMERICAL

(3) FILING OFFICER COPY - ACKNOWLEDGEMENT
(4) FILE COPY - SECURED PARTY

(5) FILE COPY DEBTOR(S)

STANDARD FORM - UNIFORM COMMERCIAL CODE - FORM UC
Approved by The Secretary of State of Alabama