STATE OF ALABAMA — UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT,

24234 Important: Read Instructions on Back Before Filling out



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 Fili filing pursuant to the Uniform Commercial Code.	ng Unicer for
Return copy or recorded original to	<u> </u>	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office	
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Citicorp National Services	s, Inc.	; 	A
P.O. Box 221917			
Charlotte, NC 28222	. · :		i i i i i i i i i i i i i i i i i i i
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Pre-paid Acct. #	·		4 7 13
2. Name and Address of Debtor	(Last Name First if a Person)	ro I	σσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσσ
Rice, Sandra O.		$\dot{\phi}$	の。元本と語
Rt. 2 Box 204		Q/ Q/	
Montevallo, AL 35115-9501			
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Social Security/Tax ID #			是
2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)		
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÷ . :			,* *
Social Security/Tax tD #		FILED WITH:	
Additional debtors on attached UCC-E	•	Shelby COunty Judge o	of Probate
NAME AND ADDRESS OF SECURED PARTY) (Last	Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF ANY)	(Last Name First if a Person)
Citicorp National Services FKA: Citicorp Acceptance C			
P.O. Box 221917			
Charlotte NC 28222			•
Additional secured parties on attached UCC-E			
5 This statement refers to original Financing Statement	ent bearing File No011698	(Cont#1994-33692-11/10/94)	
Filed with Shelby County		Date Filed	19_85
 ☐ Full property described in item 11 or to a Assignment, whose name and address appears ☐ Amendment Financing statement bearing file numbers 	ecurity interest under the financing statem e financing statement bearing file number : all of the property listed on this file, is assig	ent bearing the file number shown above. shown above to the gned to the assignee th in item 11.	
UCC Termination Effect	ive 7/15/99		11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
•			
•			
	:		
			
Check X if covered: Products of Collateral are also	covered.		
Signature(s) of Debtor(s)		Signature(s) of Secured Party(ies)	
Signature(s) of Debtor(s) (necessary only if item 9 is applicable)		Signature(s) of Secured Party(ies)	
	· · · · · · · · · · · · · · · · · · ·	Citicorp National Service Type Name of Individual or Business	es, Inc.
Type Name of Individual or Business	EFICER CORV ACKNOW! FOCEMENT		RM COMMERCIAL CODE — FORM UCC-3