STATE OF ALABAMA — UNIFORM COMMERCIAL CODE STATEMENTS OF CONTINUATION, PARTIAL RELEASE, ASSIGNMENT, ETC. — FORM UCC-3

36794

Important: Read Instructions on Back Before Filling out Form.

The Debtor is a transmitting utility		This FINANCING STATEMENT is presented to a Filing Office	er for
as defined in ALA CODE 7-9-105(n).	Sheets Presented	THIS SPACE FOR USE OF FILING OFFICER	
Return copy or recorded original to		Date: Time Number & Filing Office	
Citicorp National Serv FKA: Citicorp Accepta PO Box 221917 Charlotte, NC 28222			
Pre-paid Acct. # Name and Address of Debtor	(Last Name First if a Person)		11 TED
Pearson, Calvin Natha	n		71.6 71.7 7.80 1.80
Route 1, Box 618 Maylene, AL 35114-97	54	5002	2000-(X CER (IV)(1008: 0)
Social Security/Tax ID #	NY) (Last Name First if a Person)	*	14 14 18 18 18 18 18 18 18 18 18 18 18 18 18
Pearson, Martha Jane		T S C I	01/ 09:4 三
same			
			· <u></u>
Social Security/Tax ID #		FILED WITH:	
Additional debtors on attached UCC-E NAME AND ADDRESS OF SECURED PARTY) (Last Name First if a Person)		Shelby County Judge of Probate 4 NAME AND ADDRESS OF ASSIGNEE OF SECURED PARTY (SEANY	
Charlotte, NC 28222 Social Security/Tax ID #			
Additional secured parties on attached UCC-E	010100	<u></u>	
5 This statement refers to original Financing S Filed with Shelby County		Date Filed 7/2 19 8	5
Full Secured Party no longer claim B. Partial or The Secured Party's right unit property described in item 11 Assignment whose name and address ap Amendment Financing statement bearing	rns a security interest under the financing statem der the financing statement bearing file number of or to all of the property listed on this file, is assign	shown above to the gned to the assignee to item 11	
UCC Termination Effective December 8, 1999			A Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling:
AL	arà aleo coverad		
Check X if covered. Products of Collateral a	pre also covered.	Signature(s) of Secured Party(ies)	
Signature(s) of Debtor(s) Signature(s) of Debtor(s) (necessary only if it	tem 9 is applicable)	Signature(s) of Secured Party(les)	
Type Name of Individual or Business		Citicorp National Services, Type Name of Individual or Business	Inc.
·	ILING OFFICER COPY - ACKNOWLEDGEMENT	STANDARD FORM — UNIFORM CO	MMERCIAL CODE - FORM UC