

STATE OF ALABAMA — UNIFORM COMMERCIAL CODE — FINANCING STATEMENT  
FORM UCC-1 ALA.

Important: Read Instructions on Back Before Filling out Form.

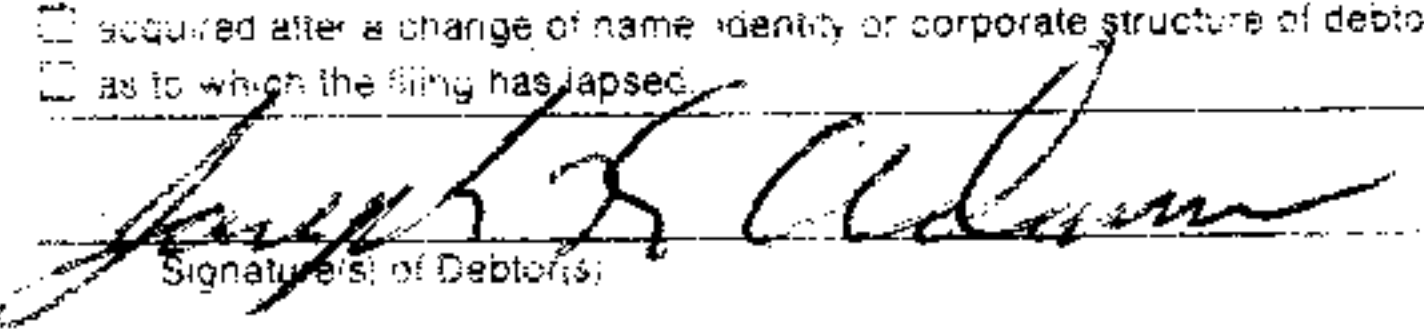
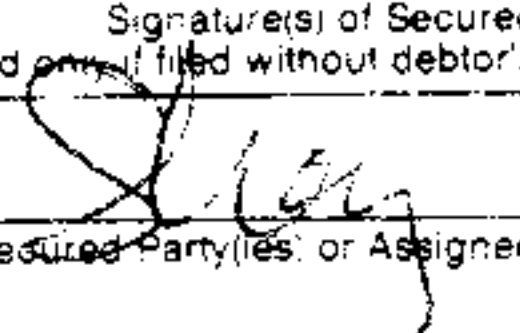
PULL-A-PART BUSINESS FORMS  
14214 INDIANA AVE., CHICAGO, IL 60627  
PHONE 1-800-441-1020

|                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 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. |
| Return copy or recorded original to:<br><br>AMERICAN GENERAL FINANCE<br>PO BOX 36129<br>HOOVER, AL 35236                 |  | THIS SPACE FOR USE OF FILING OFFICER<br>Date, Time, Number & Filing Office                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                               |
| Pre-paid Acct. #                                                                                                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |
| 2. Name and Address of Debtor (Last Name First if a Person)<br><br>ADAMS, JOSEPH<br>6265 HWY 155<br>MONTEVALLO, AL 35115 |  | <div style="writing-mode: vertical-rl; transform: rotate(180deg);">Inst # 1999-16389</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">04/19/1999-16389</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">09:54 AM CERTIFIED</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">SHELBY COUNTY JUDGE OF PROBATE</div> <div style="writing-mode: vertical-rl; transform: rotate(180deg);">001 CRH 17.10</div> |                                                                                                               |
| Social Security/Tax ID #                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |
| 2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |
| Social Security/Tax ID #                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |
| <input type="checkbox"/> Additional debtors on attached UCC-E                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |
| 3. SECURED PARTY (Last Name First if a Person)<br><br>AMERICAN GENEAL FINANCE<br>PO BOX 36129 HOOVER, AL 35236           |  | 4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                               |
| Social Security/Tax ID #                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |
| <input type="checkbox"/> Additional secured parties on attached UCC-E                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |
| 5. The Financing Statement Covers the Following Types (or items) of Property.                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                               |

KABOTA TRACTOR

5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:

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| Check X if covered: <input type="checkbox"/> Products of Collateral are also covered                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Complete only when filing with the Judge of Probate.<br>The initial indebtedness secured by this financing statement is \$ <u>1341.13</u><br>Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ <u>2.11</u> |
| <input type="checkbox"/> This statement is filed without the debtor's signature to perfect a security interest in collateral; check X, if so:<br><input type="checkbox"/> already subject to a security interest in another jurisdiction when it was brought into this state<br><input type="checkbox"/> already subject to a security interest in another jurisdiction when debtor's location changed to this state<br><input type="checkbox"/> which is proceeds of the original collateral described above in which a security interest is perfected<br><input type="checkbox"/> acquired after a change of name, identity or corporate structure of debtor<br><input type="checkbox"/> as to which the filing has lapsed |                                                                                                                                                                                                                     |
| Signature(s) of Debtor(s):<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Signature(s) of Secured Party(ies):<br>                                                                                        |
| Signature(s) of Debtor(s):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Signature(s) of Secured Party(ies) or Assignee:<br>AMERICAN GENERAL FINANCE, INC                                                                                                                                    |
| Type Name of Individual or Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Type Name of Individual or Business                                                                                                                                                                                 |