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

Important: Read Instructions on Back Before Filling out Form.

| 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 filling pursuant to the Uniform Commercial (| to a Filing Officer for Code: |
|--|---|--|---|
| . Return copy or recorded original to | | THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office | |
| JOHN DEERE COMPANY P.O. BOX 65090 WEST DES MOINES, IA 50265 | | | 0533 -10533 -10533 FRIEFIED OF PROBATE |
| Pre-paid Acct # | - Eight if a Parton | | |
| BADDERS JEFFRE 1150 DEARING I HELENA AL 3: | | | 106/08/1998 12-36 PM |
| A. Name and Address of Debtor (IF A) | | FILED WITH: | |
| Social Security/Tex ID # | ······································ | | |
| Additional debtors on attached UCC-E 3. 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) |
| JOHN DEERE CO. P.O. BOX 6509 WEST DES MOIN Social Security/Tax ID # | 0 | | |
| Additional secured parties on attached UCC-E | Natament hearing File No. 024739 | | ······································ |
| 5. This statement refers to original Financing S Filed with | HEIGHIGHT DEBING LING 140. | Date Filed 2-20-90 | |
| 7. Partial or The Secured Party no longer claim 8. Partial or The Secured Party's right und property described in Item 11 Assignment whose name and address app 9. Amendment Financing statement bearing to Secured Party releases the continuous releases releases the continuous releases r | ns a security interest under the financing statem der the financing statement bearing file number or to all of the property listed on this file, is ass | shown above to the igned to the assignee the item 11. | B |
| 11, | | | 11A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing: |
| | | | |
| | | ; · | |
| | | • | <u> </u> |
| | | · · · · · · · · · · · · · · · · · · · | <u> </u> |
| | | · · · · · · · · · · · · · · · · · · · | |
| Check X if covered: Products of Colleteral a | re also covered. | 3/1/2/ | 7 |
| Signature(s) of Debtor(s) | | Signature(s) of Secured Partyles | H) Ab |
| Signature(s) of Debtor(s) (necessary only if it | em 9 is applicable) | Signature(s) of Secured Party(les) ROPIN RATCLIFF/UCC | CLERK |
| Type Name of individual or Business | | Type Name of Individual or Business | ODERK. |