Northland Capital Financial Services LLC 3339 W St Germain Street #201 St Cloud, MN 56301  Proposition:  Name and Address of Deptor (IF ANY) (Last Name First if a Person)  Social Security/Tax 10 #  2A. Name and Address of Deptor (IF ANY) (Last Name First if a Person)	Inst * Edido-10232 03/30/2000-10232 10:13 AM CERTIFIED 10:13 AM CERTIFIED SHELBY COUNTY JUNE OF PROMIE SHELBY COUNTY JUNE OF PROMIE 55.65	
	FILED WITH:	<del></del>
Social Security/Tax ID #  Additional debtors on attached UCC-E	FILED ************************************	
Northland Capital Finacial Services LLC 3339 W St Germain Street #201 St Cloud, MN 56301	4. NAME AND ADDRESS OF (IF ANY) (Last Name First if a Person) ASSIGNEE OF SECURED PARTY	
Additional secured parties on attached UCC-E		
5. The Financing Statement Covers the Following Types (or items) of Property:	<u></u>	
(1) Jaylor JL1500 Mixer Feed SNH 7-61250040-L	5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling:	
		- - -
		<u> </u>
Check X if covered: Products of Collateral are also covered.  6. This statement is filed without the debtor's signature to perfect a security interest in collateral (check X, if so)  already subject to a security interest in another jurisdiction when it was brought into this state.  already subject to a security interest in another jurisdiction when debtor's location changed to this state.  which is proceeds of the original collateral described above in which a security interest is	7. Complete only when filing with the Judge of Probate: The initial indebtedness secured by this financing statement is \$ 27, 100,00.  Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ 40.65.  8. This financing statement covers timber to be cut, crops, or fixtures and is to be cross indexed in the real estate mortgage records (Describe real estate and if debtor does not have an interest of record, give name of record owner in Box 5)	
perfected.  acquired after a change of name, identity or corporate structure of debtor	Signature(s) of Secured Party(ies)	ئـــ.
as to which the filing has lapsed.    Start   Start   Start     Signature(s) of Debtor(s)	(Required only if filed without debtor's Signature — see Box 6)  Signature(s) of Secured Party(ies) or Assignee	<del>-</del>
Signature(s) of Debtor(s)	Signature(s) of Secured Party(ies) or Assignee	_
Type Name of Individual or Business	Type Name of Individual or Business	<u></u>
(1) FILING OFFICER COPY - ALPHABETICAL (3) FILING OFFICER COPY-ACKNOWLEDGEMENT (2) FILING OFFICER COPY - SECURED PARTY	(5) FILE COPY DEBTOR(S)  STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC Approved by The Secretary of State of Alabama	

hang pursuant to the Uniterin Commercia. Code.

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

as defined in ALA CODE 7-9-105(n).

Return copy or recorded original acknowledgement to:

Sheets Presented: