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

## Important: Read Instructions on Back Before Filling out Form.

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· · · · · · · · · · · · · · · · · · ·			ANOKA, MN. 55303 (612) 421-1713
☐ The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented:	This FINANCING STATEMENT is plaining pursuant to the Uniform Com	presented to a Filing Officer for improved Code
AGRICREDET ACCEPTA P O BOX 7902 DES MOINES IA 5032	ANCE LLC	THIS SPACE FOR USE OF FILING OFFICE Date, Time, Number & Filing Office	<u>O</u>
Pre-paid Acct #			Inst * 2000-3010 09/01/2000-30109 9:25 AM CERTIFIE SHELBY COUNTY JUNCE OF PROBATE 001 MMS 22.50
Social Security/Tax ID #	& EQUIPMENT INC.	P.O.	(IF ANY) (Last Name First if a Person) CEPTANCE GOMPANY Box 7902 1. IA 50322-9402
Additional secured parties on attached UCC-E		<u> </u>	
5. The Financing Statement Covers the Following 1	N J01065		5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
Check X if covered: Products of Collateral a			
<ul> <li>6. This statement is filed without the debtor's signal (check X, if so)</li> <li>already subject to a security interest in another already subject to a security interest in another to this state.</li> <li>which is proceeds of the original collateral description acquired after a change of name, identity or collateral acquired after a change of name, identity or collateral descriptions.</li> </ul>	ture to perfect a security interest in collateral jurisdiction when it was brought into this state. jurisdiction when debtor's location changed cribed above in which a security interest is	indexed in the real estate mortgage recommendation an interest of record, give name of record.  Signature	fraction thereof) \$
as to which the filing has lapsed.  Signature(s) of Debtor(s)	she	WESTOVER TRACT Signature(s) If Secured Party(ies	elopee ( Lny)
Signature(s) of Debtor(s)  DAVID E. BRAS	HER	Signature(s) of Secured Particles WESTOVER TRAC	

BRASHER

(3) FILING OFFICER COPY-ACKNOWLEDGEMENT

Type Name of Individual or Business

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