

# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>1-888-427-8713</b>
B. SEND ACKNOWLEDGEMENT TO : (Name and Address)  <b>JOHN DEERE CREDIT UCC DEPARTMENT P.O. BOX 6630 JOHNSTON, IA 50131-9982</b>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Inst # 2001-32802

08/06/2001-32802  
01:37 PM CERTIFIED  
SHELBY COUNTY JUDGE OF PROBATE  
001 CH 17.00

1a. INITIAL FINANCING STATEMENT FILE # <b>FILE NBR: 1996-35399</b>		DATE: <b>24OCT96</b>		1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. <input type="checkbox"/>	
2. <input type="checkbox"/> TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.					
3. <input checked="" type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.					
4. <input type="checkbox"/> ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.					
5. AMENDMENT (PARTY INFORMATION): This Amendment affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. Check only <u>one</u> of these two boxes. Also check <u>one</u> of the following boxes and provide appropriate information in items 6 and/or 7. <input type="checkbox"/> CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> ADD name: Completed item 7a or 7b, and also item 7c; also completed items 7d - 7g (if applicable)					
6. CURRENT RECORD INFORMATION:					
6a. ORGANIZATION'S NAME					
OR					
6b. INDIVIDUAL'S LAST NAME <b>HORTON</b>		FIRST NAME <b>ERWIN P</b>		MIDDLE NAME  SUFFIX  	
7. CHANGED (NEW) OR ADDED INFORMATION:					
7a. ORGANIZATION'S NAME					
OR					
7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME  SUFFIX  	
7c. MAILING ADDRESS <b>P O BOX 466</b>		CITY <b>COLUMBIANA</b>		STATE <b>AL</b>	POSTAL CODE <b>35051</b> COUNTRY <b>USA</b>
7d. TAX ID #: SSN OR EIN <b>[REDACTED]</b>	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any <input checked="" type="checkbox"/> NONE	
8. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box. Describe collateral <input type="checkbox"/> deleted or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description, or describe collateral <input type="checkbox"/> assigned.					

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, of if this is a Termination authorized by a Debtor, check here ☐ and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME <b>DEERE &amp; COMPANY</b>			
OR			
9b. INDIVIDUAL'S LAST NAME		FIRST NAME  MIDDLE NAME  SUFFIX  	

10. OPTIONAL FILER REFERENCE DATA

**AL 01-416563064 AC 02AUG01 SHELBY**