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	CURRENT RECORD INF 6a. ORGANIZATION'S 6b. INDIVIDUAL'S LAST HORTON CHANGED (NEW) OR A 7a. ORGANIZATION'S 7b. INDIVIDUAL'S LAST MAILING ADDRESS P O BOX 6 TAX ID #: SSN OR EIN AMENDMENT (COLLATER Describe collateral dele	T NAME DDED INFORMATION: NAME T NAME T NAME ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR RAL CHANGE): check only one box. Ited or added, or give entire restated collateral	FIRST NAME FIRST NAME CITY COLUMBIANA 7f. JURISDICTION OF ORGAN description, or describe collater	ANIZATION al assigned.	MIDDLE STATE AL 7g. ORG	NAME POSTAL CODE 35051 SANIZATIONAL ID #, if a	SUFFIX COUNTRY USA
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	CURRENT RECORD INF 6a. ORGANIZATION'S I 6b. INDIVIDUAL'S LAST HORTON CHANGED (NEW) OR A 7a. ORGANIZATION'S 7b. INDIVIDUAL'S LAST MAILING ADDRESS P O BOX 6 TAX ID #: SSN OR EIN AMENDMENT (COLLATER Describe collateral dele	T NAME DDED INFORMATION: NAME T NAME T NAME T NAME ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR RAL CHANGE): check only one box. Ited or added, or give entire restated collateral	FIRST NAME ERWIN P FIRST NAME CITY COLUMBIANA 7f. JURISDICTION OF ORGA I description, or describe collater IT (name of assignor, if this is an	ANIZATION al assigned.	MIDDLE STATE AL 7g. ORG	NAME POSTAL CODE 35051 ANIZATIONAL ID #, if a	SUFFIX COUNTRY USA iny a Debtor which
adds collateral or adds the authorizing Debtor, of it this is a Termination authorized by a poblicity stream.	CURRENT RECORD INF 6a. ORGANIZATION'S 6b. INDIVIDUAL'S LAST HORTON CHANGED (NEW) OR A 7a. ORGANIZATION'S 7b. INDIVIDUAL'S LAST MAILING ADDRESS P O BOX 6 TAX ID #: SSN OR EIN AMENDMENT (COLLATER Describe collateral dele	T NAME DDED INFORMATION: NAME T NAME T NAME T NAME T NAME T NAME ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR RAL CHANGE): check only one box. Ited or added, or give entire restated collateral restated re	FIRST NAME ERWIN P FIRST NAME CITY COLUMBIANA 7f. JURISDICTION OF ORGA I description, or describe collater IT (name of assignor, if this is an	ANIZATION al assigned.	MIDDLE STATE AL 7g. ORG	NAME POSTAL CODE 35051 ANIZATIONAL ID #, if a	SUFFIX COUNTRY USA iny a Debtor which
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 sides 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 DEERE & COMPANY LEIST NAME MIDDLE NAME SUFFIX	CURRENT RECORD INF 6a. ORGANIZATION'S 6b. INDIVIDUAL'S LAS' HORTON CHANGED (NEW) OR A 7a. ORGANIZATION'S 7b. INDIVIDUAL'S LAS MAILING ADDRESS P O BOX O TAX ID #: SSN OR EIN AMENDMENT (COLLATER Describe collateral dele	T NAME DDED INFORMATION: NAME T NAME	FIRST NAME ERWIN P FIRST NAME CITY COLUMBIANA 7f. JURISDICTION OF ORGA I description, or describe collater IT (name of assignor, if this is an	ANIZATION al assigned.	MIDDLE STATE AL 7g. ORG	NAME POSTAL CODE 35051 SANIZATIONAL ID #, if a suthorizing this Amendra	SUFFIX COUNTRY USA Iny a Debtor which tent.