

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
B. SEND ACKNOWLEDGMENT TO: (Name and Address)
AGRICREDIT ACCEPTANCE LLC PO BOX 4000 JOHNSTON IA 50131-9854

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # <b>2001-49072 11-13-01 SHELBY CO, AL</b>	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. <input type="checkbox"/>
2. <input checked="" type="checkbox"/> <b>TERMINATION:</b> 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 type="checkbox"/> <b>CONTINUATION:</b> 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"/> <b>ASSIGNMENT</b> (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 8.	
5. <b>AMENDMENT (PARTY INFORMATION):</b> 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 three boxes and provide appropriate information in items 6 and/or 7. <input type="checkbox"/> <b>CHANGE</b> name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. <input type="checkbox"/> <b>DELETE</b> name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> <b>ADD</b> name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable).	
6. <b>CURRENT RECORD INFORMATION:</b>	
6a. ORGANIZATION'S NAME	
OR	6b. INDIVIDUAL'S LAST NAME <b>TAYLOR</b>
	FIRST NAME <b>PAT</b>
	MIDDLE NAME <b>H</b>
	SUFFIX
7. <b>CHANGED (NEW) OR ADDED INFORMATION:</b>	
7a. ORGANIZATION'S NAME	
OR	7b. INDIVIDUAL'S LAST NAME
	FIRST NAME
	MIDDLE NAME
	SUFFIX
7c. MAILING ADDRESS	CITY
	STATE
	POSTAL CODE
	COUNTRY
7d. <b>SEE INSTRUCTIONS</b>	ADD'L INFO RE ORGANIZATION DEBTOR
7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION
7g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE	
8. <b>AMENDMENT (COLLATERAL CHANGE):</b> 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. <b>NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT</b> (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, or if this is a Termination authorized by a Debtor, check here <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment.			
9a. ORGANIZATION'S NAME <b>AGRICREDIT ACCEPTANCE LLC</b>			
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME
			SUFFIX

10. OPTIONAL FILER REFERENCE DATA

**J SCHULTE TERM**

original acknowledgement to:

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

**Acceptance, LLC.**  
**/902**  
**Des Moines, Iowa 50222**

Inst # 2001-49072

11/13/2001-49072  
02:00 PM CERTIFIED  
SHELBY COUNTY JUDGE OF PROBATE  
37.50  
NOV 13 2001

Pre-paid Acct. # \_\_\_\_\_  
2. Name and Address of Debtor (Last Name First if a Person)

**Taylor, Pat H.**  
**1225 Co. Rd. 54**  
**Montevallo, AL 35115**

Social Security/Tax ID # \_\_\_\_\_  
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)

20040609000310990 Pg 2/2 .00  
Shelby Cnty Judge of Probate, AL  
06/09/2004 11:09:00 FILED/CERTIFIED

Social Security/Tax ID # \_\_\_\_\_

☐ Additional debtors on attached UCC-E

FILED WITH:

**Shelby Co.**

3. NAME AND ADDRESS OF SECURED PARTY (Last Name First if a Person)

**Jemison Tractor**  
**P.O. Box 1209**  
**Jemison, AL 35085**

4. NAME AND ADDRESS OF ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)

**AGRICREDIT ACCEPTANCE LLC**  
**P.O. Box 7902**  
**Des Moines, IA 50322-9402**

Social Security/Tax ID # \_\_\_\_\_

☐ Additional secured parties on attached UCC-E

5. The Financing Statement Covers the Following Types (or items) of Property:

**1-Mahindra model 6000 tractor, serial number RP100**  
**1-Mahindra model ML260 loader, serial number 01192572.**

5A. Enter Code(s) From  
Back of Form That  
Best Describes The  
Collateral Covered  
By This Filing:

**320 301**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

101-211472

101 Shelby Co LM

**RECORDER'S MEMORANDUM**  
At the time of recordation, this  
instrument was found to be  
inadequate for the best photo-  
graphic reproduction.

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 perfected.
  - ☐ acquired after a change of name, identity or corporate structure of debtor
  - ☐ as to which the filing has lapsed.

7. Complete only when filing with the Judge of Probate:  
The initial indebtedness secured by this financing statement is \$ **15,000.00**  
Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ **22.50**

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)

Signature(s) of Secured Party(ies)  
(Required only if filed without debtor's Signature — see Box 6)

Signature(s) of Debtor(s)

Signature(s) of Debtor(s)

**Pat H Taylor**  
Type Name of Individual or Business

Signature(s) of Secured Party(ies) or Assignee

Signature(s) of Secured Party(ies) or Assignee

**Jemison Tractor-Joe Patterson**  
Type Name of Individual or Business

(1) FILING OFFICER COPY - ALPHABETICAL  
(2) FILING OFFICER COPY - NUMERICAL

(3) FILING OFFICER COPY-ACKNOWLEDGEMENT  
(4) FILE COPY - SECURED PARTY

(5) FILE COPY DEBTOR(S)

STANDARD FORM — UNIFORM COMMERCIAL CODE — FORM UCC-1  
Approved by The Secretary of State of Alabama

X