

NAME & PHONE OF CONTACT	TO: (Name and Address)		08/03/2004 08:49:00	
AGRICREDIT A PO BOX 4000	t and back) CAREFULLY CT AT FILER [optional] TO: (Name and Address)			
SEND ACKNOWLEDGMENT AGRICREDIT A PO BOX 4000	TO: (Name and Address)			
AGRICREDIT A PO BOX 4000	ACCEPTANCE LLC			
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		THE ABOVE S	PACE IS FOR FILING OFFICE US	
a. INITIAL FINANCING STATEMENT 2001-20411	SHELBY CO, AL 5-21	-01	to be filed [for record] (or rec	
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	eness of the Financing Statement identified aboveriod provided by applicable law.	ve with respect to security interest(s) of the Secu	red Party authorizing this Continuation S	Statement is
		address of assignee in item 7c; and also give name	of assignor in item 9.	
		btor or Secured Party of record. Check only		<u> </u>
_	ree boxes <u>and</u> provide appropriate information in it. Please refer to the detailed instructions	tems 6 and/or 7. DELETE name: Give record name	☐ ADD name: Complete item 7a or 3	7h, and also item 7c°
in regards to changing the name CURRENT RECORD INFORMA	/address of a party.	to be deleted in item 6a or 6b.	also complete items 7e-7g (if appl	icable).
6a. ORGANIZATION'S NAME		<u>, </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·
R 65. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
MILLER		HUMBERT	WAYNE	301712
. CHANGED (NEW) OR ADDED	INFORMATION:			
7a. ORGANIZATION'S NAME				
76. INDIVIDUAL'S LAST NAME	, 	FIRST NAME	MIDDLE NAME	SUFFIX
c. MAILING ADDRESS		CITY	STATE POSTAL CODE	COUNTRY
	LINFO RE 7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if an	L
DEB	SANIZATION '			NONE
`	L CHANGE): check only one box.	al description, or describe collateral assigne		

International Association of Commercial Administrators (IACA)
FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

LA

Miller, Humbert Wayne 1371 Hyv. 89 Montevailo, AL 35115 Social Security/Tat D *	The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n).	No of Additional Sheets Presented.	This FINANCING STATEME filing pursuant to the Unifor	rm Commercial Code.	ng Officer for		
P.O. Box 1209 Jemison, AL 35085 Shelpy City Judge of Probate if. Desperator of Shelpy City Judge of Shelpy C)FFIC ER			
Jenison, AL 35085 Promotion Active Control of Production Control	-			0001000000000	*******************************		
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Social Security/Tax D #	Miller, Humbert Wayne						
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