

## 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 50322** THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1a. INITIAL FINANCING STATEMENT FILE # 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the SHELBY CO, AL 2001-0877 3-13-01 REAL ESTATE RECORDS. 2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement. 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. 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 Debtor or Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provide appropriate information in items 6 and/or 7. CHANGE name and/or address: Please refer to the detailed instructions DELETE name: Give record name to be deleted in item 6a or 6b. ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable). in regards to changing the name/address of a party. 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME 66. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX **SMITHERMAN JEFFERY** 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME FIRST NAME MIDDLE NAME SUFFIX 7c. MAILING ADDRESS CITY POSTAL CODE COUNTRY STATE ADD'L INFO RE 7e. TYPE OF ORGANIZATION 7d. SEEINSTRUCTIONS 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any ORGANIZATION NONE DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.

	ECORD AUTHORIZING THIS AMENDMENT (name of assignor, if the or, or if this is a Termination authorized by a Debtor, check here and en		
9a. ORGANIZATION'S NAME  AGRICREDIT ACC	EPTANCE LLC		
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA  LA			
	Inte	rnational Association of Commercial	Administrators (IACA

FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 05/22/02)

as derived in ALA CODE 7-9-105(n).  1. Return copy or recorded original to:	filing pursuant to the Uniform Commercial Code.
	THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Office
ricrait Acceptance LLC .	
2 30x 7902	
les Mines IA 50322-9402	
Pre-paid Acct. #	
2. Name and Address of Debtor (Last Name First if a Person)	8 5 3 3
The first of the contract of t	© az = 5
JEFFLEY D. SMITHERMAN 31 SHOKEY ROAD	
ALAEAETER, AL 35007	# TO 28
Social Security/Tax ID #	**************************************
2A. Name and Address of Debtor (IF ANY) (Last Name First if a Person)	
	20041129000650760 Pg 2/2 .00
	Shelby Cnty Judge of Probate, AL 11/29/2004 14:02:00 FILED/CERTIFIED
r -	
Social Security/Tax ID #	FILED WITH:
☐ Additional debtors on attached UCC-E	Shelby
3. NAME AND ADDRESS OF SECURED PARTY) (Last Name First if a Person)	4. ASSIGNEE OF SECURED PARTY (IF ANY) (Last Name First if a Person)
The first of the second of the	AGRICREDIT ABCEPTANCE GOMPHON LLC
19513*HWY 280	P.O. Box 7909  Des Moines, IA 50322-9402
HARPERSVILLE AL 35078	Des Michiga, an onser-land
Social Security/Tax ID #	
☐ Additional secured parties on attached UCC-E	
1 MASSEY FERGUSON 1086 LOADER	
7 MASSEY FERGUSON 1086 LOADER	54 001591
7 MASSEY FERGUSON 1066 LOADER	S# 001591  5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:
	S# 001591  5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling:
db 1-182554	S# 001591  5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling:
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.	S# 001591  5A. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filling:  3.0.0 3.0.1  7. Complete only when filling with the Judge of Probate:  7. 348.84
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.	5. Enter Code(s) From Back of Form That Best Describes The Collateral Covered By This Filing:  3.0.0.3.0.1  7. Complete only when filing with the Judge of Probate: The initial indebtedness secured by this financing statement is \$2.0.0.3.0.1.
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.	7. Complete only when filing with the Judge of Probate: The initial indebtedness secured by this financing statement is 5.  Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$  8. □ This financing statement covers timber to be cut, crops, or fixtures and is to be cross
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