


## 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 COMPANY PO BOX 4000 JOHNSTON, IA 50131-0020 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY This FINANCING STATEMENT AMENDMENT is 1a. INITIAL FINANCING STATEMENT FILE # to be filed [for record] (or recorded) in the 2001-23980 6-12-01 SHELBY CTY JUDGE OF PROBAE 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 ] ADD name: Complete item 7a or 7b, and also item 7c; in regards to changing the name/address of a party. to be deleted in item 6a or 6b. also complete items 7e-7g (if applicable). 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME 6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX **JAMES** PARICK **THOMAS** JR 7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 7d. SEEINSTRUCTIONS 7g. ORGANIZATIONAL ID #, if any ADD'L INFO RE 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 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. 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, or if this is a Termination authorized by a Debtor, check here 🔲 and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME AGRICREDIT ACCEPTANCE LLC 9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 10. OPTIONAL FILER REFERENCE DATA SJBH TERMINATION 101-203654

	Additional Presented:	This FINANCING STAT	EMENT is presented to a Filing	g Officer for
1. Return copy or recorded original acknowledgement to:	T TO SETTLE CO.	THIS SPACE FOR USE OF FILING Date, Time, Number & Filing Off	IG OFF	
Agricredit Acceptance, LL P.O. BOX 7902	JC.		200508230004 Shelby Cnty	32780 2/2 \$.00 Judge of Probate, AL 9:57:29AM FILED/CERT
Des Moines, Iowa 50322				
Pre-paid Acct. #	Last Name First if a Person)			
9600 Hwy. 25 Chlera, AL 35040				
CHICLA, MI 22040		i i		ひて言葉
		``````````````````````````````````````		
Social Security/Tax ID #				
2A. Name and Address of Debtor (IF ANY) (L	Last Name First if a Person)			
Social Security/Tax ID #		FILED WITH:		
Additional debtors on attached UCC-E				
3. NAME AND ADDRESS OF SECURED PARTY) (Last Name First if	a Person)	4. NAME AND ADDRESS OF ASSIGNEE OF SECURED PARTY	(IF ANY)	(Last Name First if a Person)
Jemison Tractor P.O. BOx 1209				
Jemison, AL 35085				
Social Security/Tax ID #				
☐ Additional secured parties on attached UCC-E				
5. The Financing Statement Covers the Following Types (or items) of P	•	· · · · · · · · · · · · · · · · · · ·		•
1- Mahindra 2810 tractor,				
1-Howse model 500 rotary 1- Howse model EB60 box b				
1-Howse model RTC48 tille			LYYUU4Z	5A. Enter Code(s) From Back of Form That
				Best Describes The Collateral Covered By This Filing:
				by mis riling.
				<del></del>
		<i>i</i>		
		3654		
Check X if covered: Products of Collateral are also covered.  6. This statement is filed without the debtor's signature to perfect a secur	, <del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	7. Complete only when filing with	the Judge of Probate:	
(check X, if so)  already subject to a security interest in another jurisdiction when it w		The initial indebtedness secure	ed by this financing statement	is \$
already subject to a security interest in another jurisdiction when deb to this state.	btor's location changed	Mortgage tax due (15¢ per \$10)  8.  This financing statement co		r fixtures and is to be cross
which is proceeds of the original collateral described above in which perfected.			gage records (Describe real e	state and if debtor does not have
<ul> <li>acquired after a change of name, identity or corporate structure of de</li> <li>as to which the filing has lapsed.</li> </ul>	ebtor		ignature(s) of Secured Party(ie	
- 10 10 transmin in apact.		(nequired offiny)	A TOUR WILLIAM	
Signature(s) of Debtor(s)	, <u> </u>	Signature(s) of Secured	Party(ies) or Assignee	<u> </u>
Signature(s) of Debtor(s)				<del></del>
Signature(s) of Debtor(s)  James Thomas Patrick, Jr.	<u> </u>	Signature(s) of Secured  Jemison T		
Type Name of Individual or Business  (1) FILING OFFICER COPY - ALPHABETICAL  (3) FILING OFFICER COPY-A		Type Name of Individua	or Business	COMMERCIAL CODE — FORM OCC-
(1) FILING OFFICER COPY - ALPHABE HOAL (3) FILING OFFICER COPY-A (2) FILING OFFICER COPY - NUMERICAL (4) FILE COPY - SECURED PARTY		i) FILE COPY DEBTOR(S)		retary of State of Alabama