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Shelby Cnty Judge of Probate, AL  
02/16/2006 12:37:06PM FILED/CERT

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] 1-800-873-2474 XT 2815
B. SEND ACKNOWLEDGMENT TO: (Name and Address)  AGRICREDIT ACCEPTANCE LLC PO BOX 4000 JOHNSTON, IA 50131-0020

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # 2001-32451 8--3-01 SHELBY COUNTY JUDGE OF PROBATE	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 9.	
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 <u>and</u> 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 EARNEST
	FIRST NAME JIMMY
	MIDDLE NAME R
	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. **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	
OR	9b. INDIVIDUAL'S LAST NAME
	FIRST NAME
	MIDDLE NAME
	SUFFIX

10. **OPTIONAL FILER REFERENCE DATA**

SJBH TERMINATION 101-204848



☐ The Debtor is a transmitting utility as defined in ALA CODE 7-9-105(n)

No. of Additional Sheets Presented

This FINANCING STATEMENT is presented to a Filing Officer for filing pursuant to the Uniform Commercial Code.

1. Filing copy or recorded original acknowledgement to:

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

20060216000077940 2/2 \$ .00  
Shelby Cnty Judge of Probate, AL  
02/16/2006 12:37:06PM FILED/CERT

Pre-paid Acct. #

2 Name and Address of Debtor (Last Name First if a Person)

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

Social Security/Tax ID #

2A Name and Address of Debtor (IF ANY) (Last Name First if a Person)

Social Security/Tax ID #

☐ Additional debtors on attached UCC-E

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

ANTEC TRACTOR - EQUIPMENT, INC  
7112 Hwy 5 North  
NAUVOO AL 35578

Social Security/Tax ID #

☐ Additional secured parties on attached UCC-E

FILED WITH:

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

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

1- INDIANA 351K TRACTOR, SERIAL # 3510250130  
1- KUBOTA B7 FINISHING MOWER, SERIAL # NIL  
1- KUBOTA S6000 SLEW STEER, SERIAL # NIL  
1- 60' ROLLING GRASS, SERIAL # NIL

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

300

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 \$ 118,514

Mortgage tax due (15¢ per \$100.00 or fraction thereof) \$ 17.78

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 Debtor(s)

Signature(s) of Debtor(s)

Type Name of Individual or Business

JIMMY R. EARNST

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

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

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

Type Name of Individual or Business

ANTEC TRACTOR - EQUIPMENT, INC

(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