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Shelby Cnty Judge of Probate, AL
09/07/2006 08:32:57AM FILED/CERT

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional) Drew Wood (256) 831-6778
B. SEND ACKNOWLEDGMENT TO: (Name and Address) First South Farm Credit, ACA P. O. Box 3288 Oxford, AL 36203

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # 20020922000456330	1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record)(or recorded) in the ☐ 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				
3. ☐ 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.				
4. ☐ 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 (PARTIAL INFORMATION): This Amendment affects ☐ Debtor or ☐ Secured Party of record. Check only <u>one</u> of these two boxes. Also check one of the following three boxes and provide appropriate information items 6 and/or 7. ☐ CHANGE name and/or address: give current record name in item 6a or b; also give new Name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c ☐ 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 7d-7g (if applicable).				
6. CURRENT RECORD INFORMATION				
6a. ORGANIZATION'S NAME J & P Leasing, LLC				
OR	6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX			
7. CHANGED (NEW) OR ADDED INFORMATION:				
7a. ORGANIZATION'S NAME				
OR	7b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX			
7c. MAILING ADDRESS	CITY STATE POSTAL CODE COUNTRY USA			
7d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any ☐ NONE
8. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> 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 First South Farm Credit, ACA			
OR	9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX		
10. OPTIONAL FILER REFERENCE DATA			