


FARM PRODUCTS FILING - UCC-1F

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

[Southern States Bank]
 [Sylacauga]
 [101 W Fort Williams Street]
 [Sylacauga, AL 35150]



20220722000288450 1/1 \$39.00
 Shelby Cnty Judge of Probate, AL
 07/22/2022 01:50:04 PM FILED/CERT

ABOVE SPACE FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME
WILLIAMS & CASADAY FARMS

OR
 1b. INDIVIDUAL'S LAST NAME

1c. MAILING ADDRESS
575 CLIETT FARM ROAD

CITY: **CHILDERSBURG** STATE: **AL** POSTAL CODE: **35044-0000** COUNTRY: **USA**

1d. TAX ID#: SSN OR EIN: **63-0991012** ADD'L INFO RE ORGANIZATION DEBTOR: [] 1e. TYPE OF ORGANIZATION: **Partnership** 1f. JURISDICTION OF ORGANIZATION: **AL** 1g. ORGANIZATIONAL ID #, if any: [] NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR
 2b. INDIVIDUAL'S LAST NAME

2c. MAILING ADDRESS

CITY: [] STATE: [] POSTAL CODE: [] COUNTRY: **USA**

2d. TAX ID#: SSN OR EIN: [] ADD'L INFO RE ORGANIZATION DEBTOR: [] 2e. TYPE OF ORGANIZATION: [] 2f. JURISDICTION OF ORGANIZATION: [] 2g. ORGANIZATIONAL ID #, if any: [] NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME
Southern States Bank

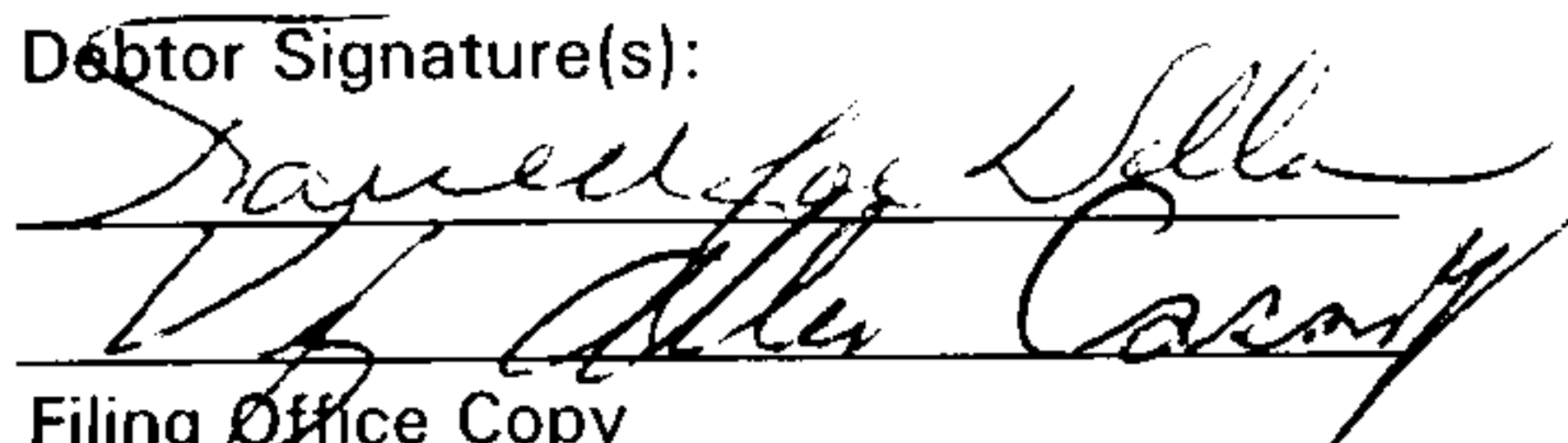
OR
 3b. INDIVIDUAL'S LAST NAME

3c. MAILING ADDRESS
101 W Fort Williams Street

CITY: **Sylacauga** STATE: **AL** POSTAL CODE: **35150** COUNTRY: []

4a. Item No.	4b. Product Code	4c. County Produced Code	4d. Crop Year(s), if less than All	4e. Amount, if necessary	4f. Unit
1.	128	59	22		
2.	126	59	22		
3.					
4.					
5.					

Additional information (not to exceed 150 characters and spaces):

Debtor Signature(s):

 Filing Office Copy

Secured Party Signature:
