[redacted]

20250602000167640 1/1 $39.00
Shelby Cnty Judge of Probate, AL
06/02/2025 02:06:32 PM FILED/CERT

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
]

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	FIRST NAME	MIDDLE NAME	SUFFIX

1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
575 CLIETT FARM RD	CHILDERSBURG	AL	35044-5153	USA

1d. TAX ID#: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any
63-0991012		Partnership	AL	☒ 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	FIRST NAME	MIDDLE NAME	SUFFIX

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	FIRST NAME	MIDDLE NAME	SUFFIX

3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
101 W Fort Williams Street	Sylacauga	AL	35150	

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.	126	59	25		
2.	128	59	25		
3.					
4.					
5.					

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

Debtor Signature(s):

Filing Office Copy

Secured Party Signature: