



20260409000105230 1/1 \$39.00
 Shelby Cnty Judge of Probate, AL
 04/09/2026 10:00:57 AM 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)

[**FirstBank**]
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			
1c. MAILING ADDRESS 575 CLIETT FARM ROAD		CITY CHILDERSBURG	STATE	POSTAL CODE 35044-0000
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	<input checked="" type="checkbox"/> 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
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	<input type="checkbox"/> 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 FirstBank				
OR	3b. INDIVIDUAL'S LAST NAME			
3c. MAILING ADDRESS 101 W Fort Williams Street		CITY Sylacauga	STATE AL	POSTAL CODE 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.	128	59	26		
2.	126	59	26		
3.					
4.					
5.					

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

Debtor Signature(s):

Secured Party Signature:

Filing Office Copy