

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

Mary Tew, 515-251-2806

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

**Agricredit Acceptance LLC
P.O. Box 4000
Johnston, IA 50131-9854**

THE ABOVE SPACE IS 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. ORGANIZATIONS NAME

OR

1b. INDIVIDUAL'S LAST NAME

BRACKETT

FIRST NAME

RICKEY

MIDDLE NAME

SUFFIX

JR

1c. MAILING ADDRESS

7 HARTFORD PIKE

CITY

FOSTER

STATE

RI

POSTAL CODE

02825

COUNTRY

USA1d. SEE INSTRUCTIONSADD'L INFO RE
ORGANIZATION
DEBTOR

1e. TYPE OF ORGANIZATION

INDIVIDUAL

1f. JURISDICTION OF ORGANIZATION

1g. ORGANIZATIONAL ID #, if any

☒ NONE2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME – insert only one debtor name (2a or 2b) – do not abbreviate or combine names

2a. ORGANIZATIONS NAME

OR

2b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

2d. SEE INSTRUCTIONSADD'L INFO RE
ORGANIZATION
DEBTOR

2e. TYPE OF ORGANIZATION

2f. JURISDICTION OF ORGANIZATION

2g. ORGANIZATIONAL ID #, if any

☐ NONE3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) – insert only one secured party name (3a or 3b)

3a. ORGANIZATIONS NAME

AGRICREDIT ACCEPTANCE LLC

OR

3b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

3c. MAILING ADDRESS

P.O. BOX 2000

CITY

JOHNSTON

STATE

IA

POSTAL CODE

50131-0020

COUNTRY

USA

4. This FINANCING STATEMENT covers the following collateral: (Make, Model, Desc, Serial #)

**MAHINDRA, 4110, TRACTOR 4WD, 4110A0102215
MAHINDRA, ML112, LOADER, 071036621**5. ALTERNATIVE DESIGNATION (if applicable): ☐ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAILOB ☐ SELLER/BUYER ☐ AG LIEN ☐ NON-UCC FILING6. ☐ This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable)

7. Check to REQUEST SEARCH REPORT(s) on Debtor(s) (ADDITIONAL FEE) (optional)

☐ All Debtors ☐ Debtor 1 ☐ Debtor 2

8. OPTIONAL FILER REFERENCE DATA

107 a RI**16-**

FILING OFFICE COPY – UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/22/02)

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