OL A. I	CC FINANCING STATEME  LLOW INSTRUCTIONS (front and back) O  NAME & PHONE OF CONTACT AT FILEF  JCC DEPARTMENT 1-888-4  SEND ACKNOWLEDGMENT TO: (Name  JOHN DEERE CREDIT  6400 NW 86TH STREET  P.O. BOX 6630  JOHNSTON, IA 50131	CAREFULLY R [optional] 127-8713	NT				
	Johnston, IA 30151						
1a	INITIAL FINANCING STATEMENT FILE #		THE	ABOVE SPAC		R FILING OFFICE US	
F	ILE NBR: 200401467730 DA				to be	e filed [for record] (or rec L ESTATE RECORDS.	corded) in the
_	TERMINATION: Effectiveness of the Fina						
³. L	CONTINUATION: Effectiveness of the Fi continued for the additional period provided		ove with respect to security interest(s)	of the Secured P	arty author	rizing this Continuation	Statement is
1.	ASSIGNMENT (full or partial): Give name	of assignee in item 7a or 7b and	address of assignee in item 7c; and als	so give name of a	ssignor in i	tem 9.	
	AMENDMENT (PARTY INFORMATION): Also check one of the following three boxes and page 1		ebtor <u>or</u> Secured Party of record.	Check only one	of these to	wo boxes.	
ſ	CHANGE name and/or address: Please refer to in regards to changing the name/address of a pa	the detailed instructions	DELETE name: Give record nar to be deleted in item 6a or 6b.	me	ADD na	ame: Complete item 7a or implete items 7e-7g (if app	7b, and also item 7c:
i. (	CURRENT RECORD INFORMATION:	nty.	to be deleted in new da 5/ 46.				
	6a. ORGANIZATION'S NAME	DE AND CONSTDU	CTION				
DR	H LACERDA JR LANDSCAPE AND CONSTRUC		FIRST NAME		MIDDLE NAME SUFFIX		
7. (	CHANGED (NEW) OR ADDED INFORMATIC 7a. ORGANIZATION'S NAME	DN:					
DR	7b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
'c	MAILING ADDRESS		СПУ		STATE	POSTAL CODE	COUNTRY
7d.	SEE INSTRUCTIONS ADD'L INFO RE CORGANIZATION	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZA	TION	7g. ORGA	ANIZATIONAL ID #, if an	
_	DEBTOR DEBTOR AMENDMENT (COLLATERAL CHANGE)						NO
	Describe collateral	or give entire restated collate	eral description, or describe collateral	assigned.			
	NAME OF CECURED BARTY OF DECO		MENDMENT (name of assignor, if this				ed by a Debtor whi
	name OF SECURED PARTY OF RECU adds collateral or adds the authorizing Debtor, or 9a. ORGANIZATION'S NAME	r if this is a Termination authorized	<u> </u>				
	adds collateral or adds the authorizing Debtor, or 9a. ORGANIZATION'S NAME  DEERE & COMPANY	r if this is a Termination authorize					