

EXAMPLE COPY ONLY

SECURITY AGREEMENT

UCC Agreement

***** COMPLETE THE BLANK FORM**

Date: _____

BE IT KNOWN, that for good consideration of Supply
Agreement/Consigned Fuel Agreement Company Name
(Owner/Operator/Debtor/Consignee) grants to Magness Oil Company
(Secured Party) and moved and assigns a security interest pursuant to
Article 9 of the Uniform Commercial Code in the following property
(Collateral), which shall include all after-acquired property of like nature
and description and proceeds and products thereof:

C-Store Inventory Located at: Store Address

This security interest is granted to secure payment and performance on the
following obligations as well as other debts now or hereinafter owed to
Secured Party from Owner/Operator/Debtor/Consignee: Supply &
Consigned Goods Agreement

Owner/Operator/Debtor Hereby acknowledges to Secured Party that:

1. That Collateral Shall be kept at the Customer Physical Address
Address and not moved or relocated without written consent of
Secured Party.
2. Owner/Operator/Debtor/Consignee assures by signing this document
that Owner/Operator/Debtor/Consignee owns the collateral and it is
free from any lien, encumbrance and security interest or adverse
interest and has the full authority to grant this security interest.
3. Owner/operator/Debtor/Consignee agrees to execute such financing
statements as are reasonably required by Secured Party to perfect this
security agreement in accordance with state law and the Uniform
Commercial Code.

4. Upon default in payment or performance of any obligation for which this security interest granted, or breach of any term of this security agreement, then in such instance Secured Party may declare all obligations immediately due and payable and shall all remedies of a Secured Party under the Uniform Commercial Code, as enacted in the Owner/Operator/Debtor/Consignee's state, which rights shall be cumulative and not necessarily successive with any other rights or remedies.
5. Owner/Operator/Debtor/Consignee agrees to maintain such insurance coverage on the collateral as Secured Party may from time to time reasonably require and Secured Party shall be named as loss Payee.
6. This security agreement shall further be in default up the death, Insolvency or bankruptcy of any party who is an obligor to this agreement or upon any material decrease in the value of the collateral or adverse change in the financial condition of the Owner/Operator/Debtor/Consignee.
7. Upon default the Owner/Operator/Debtor/Consignee shall pay reasonable attorney's fees and cost of collection to enforce this agreement.

IN WITNESS WHEREOF, this agreement is signed this 15 day of February.

Customer Signature

Owner/Operator/Debtor/Consignee

Secured Party - Authorized Signature for Magness

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
B. SEND ACKNOWLEDGMENT TO: (Name and Address)

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 ORGANIZATION'S NAME Customer Legal Name				
OR 1b INDIVIDUAL'S LAST NAME Individual Last Name	FIRST NAME	MIDDLE NAME	SUFFIX	
1c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1d SEE INSTRUCTIONS	ADDL INFO RE ORGANIZATION DEBTOR	1e TYPE OF ORGANIZATION	1f JURISDICTION OF ORGANIZATION	1g ORGANIZATIONAL ID #, if any <input 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 Second Partner if Applicable				
OR 2b INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
2c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
2d SEE INSTRUCTIONS	ADDL 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 ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a ORGANIZATION'S NAME Magness Oil Company				
OR 3b INDIVIDUAL'S LAST NAME Magness	FIRST NAME Benny	MIDDLE NAME W	SUFFIX	
3c MAILING ADDRESS 167 Tucker Cemetery Road	CITY Gassville	STATE AR	POSTAL CODE 72635	COUNTRY USA

4. This FINANCING STATEMENT covers the following collateral:

Store Inventory at _____ (store address)

5. ALTERNATIVE DESIGNATION (if applicable)	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG LIEN	NON-UCC FILING
6. 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)		All Debtors Debtor 1 Debtor 2			
8. OPTIONAL FILER REFERENCE DATA						

XXX CUSTOMER SIGNATURE