## UCC FINANCING STATEMENT

**FOLLOW INSTRUCTIONS** 

	The second district the second				
A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141					
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	14060 - FARM CREDIT				
Lien Solutions P.O. Box 29071	68236557				
Glendale, CA 91209-9071	OROR				
	FIXTURE				
File with: Klamath, OR					

FARM CREDIT SERVICES OF AMERICA, PCA

4. COLLATERAL: This financing statement covers the following collateral:

OR

3b. INDIVIDUAL'S SURNAME

Valley 8000 Center Pivot 11324565

3c. MAILING ADDRESS

PO BOX 2409

2019-000694

Klamath County, Oregon

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

ADDITIONAL NAME(S)/INITIAL(S)

POSTAL CODE

68103

NE

01/24/2019 09:26:10 AM

Fee: \$87.00

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ſ	1a. ORGANIZATION'S NAME				
DR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
	Unruh	Robert	Len		
1c. N	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
30	083 Pickett Rd	Malin	OR 97632		USA
2. D	EBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full	name; do not omit, modify, or abbreviate any part of	the Debtor	's name); if any part of the	Individual Debtor's
	EBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exact, full me will not fit in line 2b, leave all of item 2 blank, check here  and provide t				
na	me will not fit in line 2b, leave all of item 2 blank, check here and provide t	name; do not omit, modify, or abbreviate any part of he Individual Debtor information in item 10 of the Fir			
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na R R	me will not fit in line 2b, leave all of item 2 blank, check here and provide to 2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S SURNAME  Unruh  MAILING ADDRESS	FIRST PERSONAL NAME Cheri CITY Malin	ADDITION Anne	NAL NAME(S)/INITIAL(S) tte POSTAL CODE 97632	SUFFIX COUNTRY

FIRST PERSONAL NAME

CITY

Omaha

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)	being administered by a Decedent's Personal Representative						
6a. Check only if applicable and check only one box:	6b. Check only if applicable and check only one box:						
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing						
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buye	Bailee/Bailor Licensee/Licensor						
8. OPTIONAL FILER REFERENCE DATA:							
68236557 267	3172888680940						

SUFFIX

COUNTRY

USA

## UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME 9b. INDIVIDUAL'S SURNAME Unruh FIRST PERSONAL NAME Robert ADDITIONAL NAME(S)/INITIAL(S) Len THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10a. ORGANIZATION'S NAME R&C Ag, L.L.C. 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 30083 Pickett Rd 97632 USA Malin OR 11. ADDITIONAL SECURED PARTY'S NAME ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME JW Kerns Inc OR 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS STATE POSTAL CODE COUNTRY 4360 Hwy 39 Klamath Falls OR 97603 USA 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 14. This FINANCING STATEMENT: 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) covers timber to be cut covers as-extracted collateral is filed as a fixture filing 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest): R&C Ag LLC Valley 8000 Center Pivot 11324565 SW1/4 of the NW1/4 28-40S-12E Klamath County, OR Real Estate Owner: R&C Ag LLC Map # 4012-00000-06800 267 3172888680940 17. MISCELLANEOUS: 68236557-OR-35 14060 - FARM CREDIT SERVICES FARM CREDIT SERVICES OF File with: Klamath, OR