UCC FINANCING STATEMENT					Fee: \$87.00	
FOLLOW INSTRUCTIONS						
A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294						
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com						
C. SEND ACKNOWLEDGMENT TO: (Name and Address)						
2166 27559 - 8/16/2021		\neg				
CSC 801 Adlai Stevenson Drive						
Springfield, IL 62703	Filed I	n: Oregon				
		(Klamath)				
			THE ABOVE SPACE	CE IS FO	R FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use name will not fit in line 1b, leave all of item 1 blank, check here at			modify, or abbreviate any part of t or information in item 10 of the Fin			
1a. ORGANIZATION'S NAME						
OR 1b. INDIVIDUAL'S SURNAME FOX		FIRST PERSONAL NAME Delbert		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
1c. MAILING ADDRESS 20990 Highway 140 E		сіту Dairy		STATE OR	POSTAL CODE 97625	COUNTRY
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use name will not fit in line 2b, leave all of item 2 blank, check here a			modify, or abbreviate any part of t			
2a. ORGANIZATION'S NAME						
OR 2b. INDIVIDUAL'S SURNAME		EIDOT DEDOOM	LNIANG	ADDITIO	NAL MANE (O) (INITIAL (O)	OUEEN
26. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
2c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGN	NOR SECU	RED PARTY): Pro	vide only <u>one</u> Secured Party name	(3a or 3b))	
3a. ORGANIZATION'S NAME The Huntington National						
OR		FIRST PERSONA				Toursen/
3b. INDIVIDUAL'S SURNAME	3b. INDIVIDUAL'S SURNAME		L NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
3c. MAILING ADDRESS 11100 Wayzata Blvd. Ste 801		CITY		STATE	POSTAL CODE	COUNTRY
•		Minnetonka	3	MN	55305	USA
4. COLLATERAL: This financing statement covers the following collate (1) 2021 Reinke E2065-G / 40" PVT / LAT Pin modifications and replacements attached the of any of the foregoing, including without limit	reto or i	ncorporated	d therein and all subs	titutior	ns therefor and all	

A Debtor is a Transmitting Utility

Seller/Buyer

Consignee/Consignor

8. OPTIONAL FILER REFERENCE DATA: 001-0843748-500

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor

6a. Check only if applicable and check only one box:

Public-Finance Transaction

2166 27559

being administered by a Decedent's Personal Representative

Non-UCC Filing

Licensee/Licensor

6b. Check only if applicable and check only one box:

Agricultural Lien

Bailee/Bailor

2021-012532

08/17/2021 08:55:00 AM

Klamath County, Oregon

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)

Manufactured-Home Transaction

UCC FINANCING STATEMENT ADDENDUM

Se. RIGHY DUAL'S SURNAME FOX FIRST PERSONAL NAME Delbert ADDITIONAL NAME(SyNTITAL(S) E THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING ONLY THE ABOVE SPACE IS FOR	FOLLOW INSTRUCTIONS 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Final because Individual Debtor name did not fit, check here	ncing Statement; if line 1b was	left blank					
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E	Delbert							
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10c. MAILING ADDRESS	INDIVIDUAL'S FIRST PERSONAL NAME							
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