

2022-001204

Klamath County, Oregon

01/28/2022 03:27:01 PM

Fee: \$92.00

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141	
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 14060 - FARM CREDIT	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	84611411 OROR FIXTURE
File with: Klamath, OR	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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 name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME MOXLEY BROS FARMS				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 5303 Bliss Rd		CITY Bonanza	STATE OR	POSTAL CODE 97623
			COUNTRY USA	

2. DEBTOR'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 name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S SURNAME Moxley	FIRST PERSONAL NAME Nicholas	ADDITIONAL NAME(S)/INITIAL(S) Gordon	SUFFIX
2c. MAILING ADDRESS 13100 Egert Rd		CITY Dairy	STATE OR	POSTAL CODE 97625
			COUNTRY USA	

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME FARM CREDIT SERVICES OF AMERICA, PCA				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS PO BOX 2409		CITY OMAHA	STATE NE	POSTAL CODE 68103
			COUNTRY USA	

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

2021 Valley 7000 VFLEX Corner System 15016868

2021 Valley 7000 VFLEX Corner System 15016869

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:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

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

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

84611411

AGDIRECT- 267

3354095756429

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

MOXLEY BROS FARMS

OR

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

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

OR

10b. INDIVIDUAL'S SURNAME

Moxley

INDIVIDUAL'S FIRST PERSONAL NAME

Samuel

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

Delmar

SUFFIX

10c. MAILING ADDRESS

5303 Bliss Rd

CITY

Bonanza

STATE

OR

POSTAL CODE

97623

COUNTRY

USA

11. ☒ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

J W Kerns Inc

OR

11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

4360 Hwy 39

CITY

Klamath Falls

STATE

OR

POSTAL CODE

97603

COUNTRY

USA

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. ☒ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

☐ 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 (if Debtor does not have a record interest):

Samuel Delmar Moxley & Nicholas Gordon Moxley

16. Description of real estate:

2021 Valley 7000 VFLEX Corner System 15016868:

Map # 3811-V3500-00900

The N1/2 of the SW1/4 and the South 577.5 feet of the S1/2 of the NW1/4 of Section 35 Township 38 South, Range 11 1/2 East of the Willamette Meridian, in the County of Klamath, State of Oregon
[See Exhibit for Real Estate]

17. MISCELLANEOUS: 84611411-OR-35 14060 - FARM CREDIT SERVICES FARM CREDIT SERVICES OF File with: Klamath, OR AGDIRECT- 267 3354095756429

Debtor: MOXLEY BROS FARMS

Exhibit for Real Estate

16. Description of real estate: Continued

2021 Valley 7000 VFLEX Corner System 15016869:

Map # 3811-V3400-00600

The S1/2 of the NE1/4 and the N1/2 of the NW1/4 of the
SE1/4 of Section 34, Township 38 South, Range 11 1/2
East of the Willamette Meridian, in the County of
Klamath, State of Oregon.

