UCC FINANCING STATEMENT

A. NAME & PHONE OF CONTACT AT FILER (optional)
BENJAMIN ERB 402-462-4129 EXT 225

FOLLOW INSTRUCTIONS

BJE@tlirr.com

B. E-MAIL CONTACT AT FILER (optional)

960' - 6" 100 PSI PIP

2023-0	08917	
Klamath	County,	Oregon

00320993202300089170020028					

10/16/2023 02:29:14 PM

Fee: \$87.00

С	. SEND ACKNOWLEDGMENT TO: (Name and Address)					
1	T-L CREDIT COMPANY	$\neg 1$				
	PO BOX 1386	¹ !				
1						
	HASTINGS, NE 68902					
Ļ	DERTORIO				R FILING OFFICE USE	
1.	DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, finame will not fit in line 1b, leave all of item 1 blank, check here and provide	ull name; do not omit, modify, o de the Individual Debtor informa	or abbreviate any part of t	the Debto	r's name); if any part of the Ir	ndividual Debtor's
	1a. ORGANIZATION'S NAME	The midwiddal Debtor Midmig	addition the Fin	anding St	atement Addendum (Form U	CC1Ad)
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	CHEYNE	RODNEY		Α		COLLIX
1c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
1	14130 MATNEY ROAD	KLAMATH FALI	LS	OR	97603	USA
2. i	DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exact, funame will not fit in line 2b, leave all of item 2 blank, check here and provide	ill name; do not omit, modify, o	r abbreviate any part of t	he Debtor	's name); if any part of the In	dividual Debtor's
	2a. ORGANIZATION'S NAME	le the Individual Debtor informa	ition in item 10 of the Fin	ancing St	atement Addendum (Form U	CC1Ad)
	Za. ORGANIZATION'S NAME					
OR	2b. INDIVIDUAL'S SURNAME	CIDET DEDCOMA MANG				
	CHEYNE	FIRST PERSONAL NAME NICHELLE		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
2c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
1	4130 MATNEY ROAD	KLAMATH FALI	s	OR	97603	USA
_	SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC		-*		1	USA
	3a. ORGANIZATION'S NAME	CORED PARTY): Provide only	one Secured Party name	(3a or 3b)	
	T-L CREDIT COMPANY, A DIVISION OF T-L IF	RRIGATION CO.				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
	O BOX 1386	HASTINGS		NE	68902	USA
4. C	OLLATERAL: This financing statement covers the following collateral:		· · · · · · · · · · · · · · · · · · ·			
1	- 765W 3 TOWER T-L IRRIGATION SY	STEM INCLUDI	NG 1 - 10HP	3PH	460V FLEC-E	LEC
H	HYD PUMP AND ALL OTHER ACCESSO	RIES S/N 42388	3	•		
	50' - 1.25 SCH 40 4#4 & 2#2		-			

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 <u>only</u> if applicable and check <u>only</u> 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/Buy	rer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: KLAMATH COUNTY, OR - #2656 CHEYNE INITIAL	

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 **CHEYNE** FIRST PERSONAL NAME RODNEY 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 INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS CITY COUNTRY STATE ADDITIONAL SECURED PARTY'S NAME OF ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 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 16. Description of real estate: (if Debtor does not have a record interest): **RODNEY & NICHELLE CHEYNE SECTION 12 - T 40S - R 9E** KLAMATH COUNTY, OREGON

UCC FINANCING STATEMENT ADDENDUM (Form UCC1Ad) (Rev. 04/20/11)

17. MISCELLANEOUS:

KLAMATH COUNTY, OR - #2656 CHEYNE INITIAL