

2025-003437
Klamath County, Oregon
05/08/2025 10:04:01 AM
Fee: \$107.00

UCC FINANCING STATEMENT
FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)
CSC 1-800-858-5294

B. E-MAIL CONTACT AT SUBMITTER (optional)
SPRFiling@cscglobal.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

3119 30989
CSC
801 Adlai Stevenson Drive
Springfield, IL 62703

Filed In: Oregon
(Klamath)

SEE BELOW FOR SECURED PARTY CONTACT INFORMATION

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

OR

1b. INDIVIDUAL'S SURNAME KOCH	FIRST PERSONAL NAME TODD	ADDITIONAL NAME(S)/INITIAL(S) MICHAEL	SUFFIX
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1c. MAILING ADDRESS 11462 S HWY 211

CITY Molalla	STATE OR	POSTAL CODE 97038	COUNTRY USA
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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 KOCH	FIRST PERSONAL NAME TESSA	ADDITIONAL NAME(S)/INITIAL(S) LYNNE	SUFFIX
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2c. MAILING ADDRESS 8441 DEHLINGER LN

CITY Klamath Falls	STATE OR	POSTAL CODE 97603	COUNTRY USA
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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 DFS FINANCE, A DIVISION OF FIRST NATIONAL BANK OF OMAHA

OR

3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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3c. MAILING ADDRESS 14010 FNB PARKWAY STE 400

CITY Omaha	STATE NE	POSTAL CODE 68154	COUNTRY USA
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4. COLLATERAL: This financing statement covers the following collateral:
1 NEW 2025 MODEL 7000 VALLEY 4 TOWER PIVOT; 1 NEW 2025 MODEL 7000 VALLEY 2 TOWER PIVOT; 1 NEW 2025 MODEL 7000 VALLEY 2 TOWER PIVOT; NEW 2175' OF 4#4 AL. W/2 #12 CU IN DUCT, 520' OF 6" PVC PIPE, 500' OF 4" PVC PIPE, 4 NEW FLOW METERS, 1 KERNS 1200 GPM FILTER, MISC VALVES & FITTINGS

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: 0087898-001 J.W.

3119 30989

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	
OR	
9b. INDIVIDUAL'S SURNAME	
KOCH	
FIRST PERSONAL NAME	
TODD	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
MICHAEL	

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	STATE	POSTAL CODE	COUNTRY

11. ADDITIONAL SECURED PARTY'S NAME or 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):

<p>13. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)</p> <p>15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest): BLACK OAK RANCH TRUST EDWARD STUEDLI TRUSTEE PAULINE STUEDLI TRUSTEE</p>	<p>14. This FINANCING STATEMENT: <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input checked="" type="checkbox"/> is filed as a fixture filing</p> <p>16. Description of real estate: R883846, SEC 6 T40 R10, TRACT SW4NE4: SE4NW4 LY ELY OF LOST RIVER, 33.02AC R96737, SEC 6 T40 R10, LOT 6 POR LOT 5 NW4SE4 SW4SE4, 123.65 AC R96657, SEC 6 T40 R10 TRACT POR 42.70A KLAMATH COUNTY, OR</p>
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17. MISCELLANEOUS: