

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

1c. MAILING ADDRESS 11462 S HWY 211

CITY

Molalla

STATE

OR

POSTAL CODE

97038

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

KOCH

FIRST PERSONAL NAME

TESSA

ADDITIONAL NAME(S)/INITIAL(S)

LYNNE

SUFFIX

2c. MAILING ADDRESS 8441 DEHLINGER LN

CITY

Klamath Falls

STATE

OR

POSTAL CODE

97603

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 DFS FINANCE, A DIVISION OF FIRST NATIONAL BANK OF OMAHA

OR

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS 14010 FNB PARKWAY STE 400

CITY

Omaha

STATE

NE

POSTAL CODE

68154

COUNTRY

USA

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 Representative6a. Check only if applicable and check only one box:☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility6b. Check only if applicable and check only one box:☐ Agricultural Lien ☐ Non-UCC Filing7. 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)

MICHAEL

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

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):

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):

BLACK OAK RANCH TRUST
EDWARD STUEDLI TRUSTEE
PAULINE STUEDLI TRUSTEE

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

17. MISCELLANEOUS: