



UCC

LIEN NO. 93846834

BLAYLOCK EQUIPMENT L

### UCC FINANCING STATEMENT

#### FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER [optional] <b>541-396-2145, Extension 8595</b>
B. E-MAIL CONTACT AT FILER [optional] <b>loanservicing@firstccu.org</b>
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <b>First Community Credit Union</b>   <b>Loan Servicing Department</b>   <b>200 N Adams St</b>   <b>Coquille, OR 97423</b> </div>

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 <b>BLAYLOCK EQUIPMENT LLC</b>			
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
1c. MAILING ADDRESS <b>75 S VERNON ST</b>		CITY <b>COQUILLE</b>	STATE POSTAL CODE COUNTRY <b>OR 97423-2081 USA</b>

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	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 ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME <b>FIRST COMMUNITY CREDIT UNION</b>			
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
3c. MAILING ADDRESS <b>200 N ADAMS ST</b>		CITY <b>COQUILLE</b>	STATE POSTAL CODE COUNTRY <b>OR 97423 USA</b>

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

- 2015 CAT 325 DFM EXCAVATOR SN C8L01665**
- 2014 CAT 568LL SN OBRB00320 YARDER**
- 2015 QS PROCESSING HEAD SN 600043**

Including any and all existing and future accessories, attachments and/or replacements.

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

6. Check only if applicable and check only one box:  
 Public-Finance Transaction  A Debtor is a Transmitting Utility

7. ALTERNATIVE DESIGNATION [if applicable]:  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA