JCC FINANCING STATEMENT			93902557		
OLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT SUBMITTER Name: Wolters Kluwer Lien Solutions Phone: 8		41		·	
B. E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Add	ress)				
Lien Solutions	99415906	ר <b>ר</b>			
P.O. Box 29071 Glendale, CA 91209-9071	OROR				
	ONON				
File with: Secretary of State, OR SEE BELOW FOR SECURED PARTY C				OR FILING OFFICE U	
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1 name will not fit in line 1b, leave all of item 1 blank, check 1a. ORGANIZATION'S NAME Keizer Mist Operations, LLC		omit, modify, or abbreviate a Debtor information in item 10			
The Individual's Surname	FIRST PERS	ONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	CITY		STATE	POSTAL CODE	COUNTRY
159 Broadway Street NE DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2	a or 2b) (use exact, full name: do not	omit, modify, or abbreviate a	OR	97303	USA Individual Debto
name will not fit in line 2b, leave all of item 2 blank, check l	_	Debtor information in item 10			
2a. ORGANIZATION'S NAME					
26. INDIVIDUAL'S SURNAME	FIRST PERS	ONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
SECURED PARTY'S NAME (or NAME of ASSIGNE		Provide only one Secured	Party name (3a or 3		
3a. ORGANIZATION'S NAME Amur Equipment Finance, Inc.					
3b. INDIVIDUAL'S SURNAME	FIRST PERS	SONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
304 W 3rd Street	Grand Is	land	NE	68801	USA
COLLATERAL: This financing statement covers the follo ee Schedule A attached hereto and made a pa	wing collateral: rt hereof				

5. Check only if applicable and check only one box: Co	llateral isheld in a Trus	st (see UCC1Ad, item 17 and	Instructions)	being administered by a Dec	cedent's Personal Representative
6a. Check only if applicable and check only one box:				6b. Check only if applicable	e and check <u>only</u> one box:
Public-Finance Transaction Manufact	tured-Home Transaction	🔲 A Debtor is a Transm	nitting Utility	Agricultural Lien	Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable):	Lessee/Lessor	Consignee/Consignor	Seller/Buye	r Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:					
99415906	· · · ;		ngan san ang a		·····

FILING OFFICE COPY - UCC FINANCING STATEMENT (Form UCC1) (Rev. 07/01/23)

Prepared by Lien Solutions, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

## **SCHEDULE A**

## **Agreement No.:**

This Schedule A represents an integral part of this Agreement referenced by the Agreement Number above.

For the purposes of this Agreement, Collateral shall refer to the following Equipment, whether now owned or hereafter acquired, together with all personal property installed in, affixed to or used in connection therewith and all present or future: (i) additions, accessories, accessions, attachments, parts, supplies, related software, intellectual property, rights, licenses and improvements thereto; (ii) substitutions, renewals, replacements and purchase options thereof; (iii) insurance, warranty, and other third-party claims; (iv) Borrower's rights in connection with a third-party's use of such equipment under a sublease, rental or similar agreement; (v) proceeds and product in any form (including but not limited to insurance and sale proceeds) of each of the foregoing, whether it be cash, non-cash or in any other form; and (vi) to the extent the equipment identified herein is construed as or deemed inventory, that inventory and all accounts, accounts receivable, cash proceeds and all other proceeds related thereto or derived therefrom.

## EQUIPMENT

Description	Equipment Location	Vendor
1) Furnish and install one double sided digital display on the existing pole and footing per sketch #31303-24 with an 8mm digital display	3159 Broadway Street NE Salem, OR 97303	Salem Sign Co., Inc. 1825 Front Street NE Salem, OR 97301

DE