FILED: JUN 21, 2024 01:54 PM OREGON SECRETARY OF STATE UCC LIEN NO. 93902571 LAPOINTE, JACOB

UCC FINANCING STATEMENT

| FOLLOW INSTRUCTIONS | | | | | |
|--|---|---|--------------------------------------|---------------------|--|
| A. NAME & PHONE OF CONTACT AT SUBMITTER (op Name: Wolters Kluwer Lien Solutions Phone: 800 | otional) 0-331-3282 Fax: 818-662-4141 | | | | |
| B. E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com | | | | | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address | ss) 46633 - VCU - Retail | | | | |
| Lien Solutions | 99418932 | | | | |
| P.O. Box 29071 Glendale, CA 91209-9071 | OROR | • | | | |
| 1 | 1 | | | | |
| File with: Secretary of State, OR SEE BELOW FOR SECURED PARTY CO | THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY | | | | |
| DEBTOR'S NAME: Provide only one Debtor name (1a on name will not fit in line 1b, leave all of item 1 blank, check here.) | | | | | |
| 1a. ORGANIZATION'S NAME | | | <u>.</u> | | |
| OR 1b. INDIVIDUAL'S SURNAME | 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME | | | | |
| LAPOINTE | JACOB | | | | |
| 1c. MAILING ADDRESS 13140C KUEHNE RD | CARLTON | STAT | POSTAL CODE | USA | |
| 2. DEBTOR'S NAME: Provide only one Debtor name (2a of | | | | | |
| name will not fit in line 2b, leave all of item 2 blank, check her 2a. ORGANIZATION'S NAME | e and provide the Individual Debtor | information in item 10 of the Financing | Statement Addendum (Form | UCC1Ad) | |
| 2a. ONGANIZATION S NAME | | | | | |
| OR 2b. INDIVIDUAL'S SURNAME | FIRST PERSONAL | NAME ADDI | ADDITIONAL NAME(S)/INITIAL(S) SUFFIX | | |
| 2c. MAILING ADDRESS | CITY | STAT | E POSTAL CODE | COUNTRY | |
| 2 SECURED BADTVIS MANE (2-MANE 26 ASSISTANCE) | ASSIGNOR SECURED DARTY, Design | do only one Soured Body come (2) | - 25 | 1, | |
| 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE 3a. ORGANIZATION'S NAME | OI ASSIGNOR SECURED PARTY). Provi | de only one Secured Party name (3a c | 7 30) | | |
| VIBRANT CREDIT UNION OR CONTINUE SELECTION OF CONTINUE SELECTION O | | | | | |
| 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL | NAME ADDI | FIONAL NAME(S)INITIAL(S) | SUFFIX | |
| 3c. MAILING ADDRESS | CITY | STAT | E POSTAL CODE | COUNTRY | |
| PO BOX 1550 4. COLLATERAL: This financing statement covers the following | MOLINE | IL_ | 61265 | USA | |
| SEE ATTACHMENT | ng collateral: | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | • | |
| | | | | | |
| | | | | | |
| | | | | | |
| 5. Check only if applicable and check only one box: Collateral | is held in a Trust (see UCC1Ad, iten | 17 and Instructions) being admin | stered by a Decedent's Pers | onal Representative | |

6a. 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/Buyer Bailee/Bailor Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

99418932





BRIM Tractor Company 4720 Ridge Dr. NE Salem, OR 97301 (503) 364-2241 (800) 530-2746 www.brimtractor.com

Customer #

Name Address

JACOB LAPOINTE 13250 NE KINNEY RD NEWBERG OR, 97132 503-989-9085

City, State, Zip Phone:

June 20, 2024 Quote #

gg1598 Garrett Gregory 971-444-0630 garrett.gregory@bri

Sales Rep Cell Email

| Email <u>ia</u> | clapo98@gmail.com | | | | | | |
|----------------------|---|------------------------------|----------|--|--|---|---|
| MAKE | MODEL | DESCRIPTION | UNIT:# | SERIAL# | HRS | AM | OUNT |
| VERMEER | TE330 | TEDDER | 62321 | 1VR3191F1GE012009 | | \$ | 10,000.00 |
| | | | | | | | |
| } | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| ļ | *************************************** | | | | | | |
| | | | | *************************************** | | | |
| | | | | | | | |
| | | | | ····· | | | |
| | | | | | | | |
| ļ | | | | | | | |
| } | *************************************** | | | | | | |
| | | | | | ************************************** | | |
| | | OREGON CAT TAX = 0.57% | | | | \$ | 57.00 |
| eeveem. | | | | | | | 10,057.00 |
| TRADEAN | | | | | | | |
| | | | | 1.17 (1818) 1.18 (1817) 1.18 (1818) (| | | |
| | | | | | | | |
| | | | <u> </u> | *************************************** | SÜBTÖTAL | | |
| Warranty: | | | | 200.0 | SUBTOTAL SALES TAX | Q | |
| | | • | | 0.0070 | TOTAL | | 10,057.00 |
| | | | | | | | |
| Warranty coverage of | does not include tra | avel time or hauling charges | | | /N PAYMENT | \$ | 2,500.00 |
| Mileage | | | | | NTRACT FEE WARRANTY | | |
| Delivery Rate | | | | | INSURANCE | | |
| Total | | | | . В | ALANCE DUE | \$ | 7,557.00 |
| | | | | | MONTHO | *************************************** | |
| Cash Check | | Special Instructions: | | | MONTHS INTEREST | | |
| Bank Card | | PRICE GOOD THRU 6-30-2024 | | | PAYMENT | | |
| X DFS | | | | | YMENT + PDI | | |
| Sourewell | • | | | PAYMENT | + PDI + PPP | | |
| X Sale | | | | | MONTHS | | |
| Transfer | | | | | INTEREST | | |
| Demo | , | | | | PAYMENT | | |
| Rental | | | | | YMENT + PDI T + PDI + PPP | | |
| Quote | | | | PATMENT. | TEDITEE | | |
| Brim to Haul | | | | . ' | MONTHS | | |
| X Customer to Haul | ı | | | | INTEREST | *************************************** | |
| | | | | DA | PAYMENT YMENT + PDI | | |
| | | | | | T + PDI + PPP | | |
| | | | | | | | *************************************** |
| | | | | | | | |
| | | | | | | | |
| • | | | | | | | • |
| • | | | | | | | |
| Seller's Signature: | | | - | Date: | | | |
| | | , | | | | | |
| | | | | | | | |
| Buyer's Signature: | | | | . Date: | | | |