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OREGON SECRETARY OF STATE



UCC

LIEN NO. 93902639

SCALLON, WILLIAM PHI

# UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141	
B. E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 20710 - KUBOTA CREDIT	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	99405390  OROR
File with: Secretary of State, OR <b>SEE BELOW FOR SECURED PARTY CONTACT INFORMATION</b>	

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 SCALLON	FIRST PERSONAL NAME WILLIAM	ADDITIONAL NAME(S)/INITIAL(S) PHILIP	SUFFIX
1c. MAILING ADDRESS 2795 KIRTLAND RD		CITY CENTRAL POINT	STATE OR	POSTAL CODE 97502
				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	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 Kubota Credit Corporation, U.S.A.				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS PO Box 2046		CITY Grapevine	STATE TX	POSTAL CODE 76099
				COUNTRY USA

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

KUBOTA U55-5R3AP KBCDZ57CJP3L14013 \*EXCAVATOR WRUB TKSAC CABAN; VALLEY TOOL & M 30EXHD BH2330EXP-216 \*30" FLAIL MOWER; WERK-BRAU 15MDCG485276AY 133758-40170-1 \*48" HD BUCKET; WERK-BRAU 15MHD125762ZCY13N 133759-20070-1 \*12" HD BUCKET; WERK-BRAU 15MNHD2425762CYC15 133759-30120-1 \*24" HD BUCKET; WERK-BRAU BR15-KB0012 NA \*HCT HYD CPLR KIT - U55-5; WERK-BRAU EZG-5276-24 133759-50200-1 \*2-TINED HYD PIN MOUNT THUMB; WERK-BRAU HD055-45B-5276 W105371-1 \*D-LOCK COUPLER;

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:

99405390

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