



LIEN NO. 93902660

NELSON, BRIAN

UCC

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) 46633 - VCU - Retail	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	99383872 OROR
File with: Secretary of State, OR 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 NELSON	FIRST PERSONAL NAME BRIAN	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 30010 BATES LN		CITY LEBANON	STATE OR	POSTAL CODE 97355
			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 VIBRANT CREDIT UNION				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS PO BOX 1550		CITY MOLINE	STATE IL	POSTAL CODE 61265
			COUNTRY USA	

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

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:

99383872

30001475192 LP

BRIM

BRIM TRACTOR COMPANY INC.
4720 RIDGE DRIVE NE
SALEM, OREGON 97301
503-364-2241 OR 800-530-2746
WWW.BRIMTRACTOR.COM

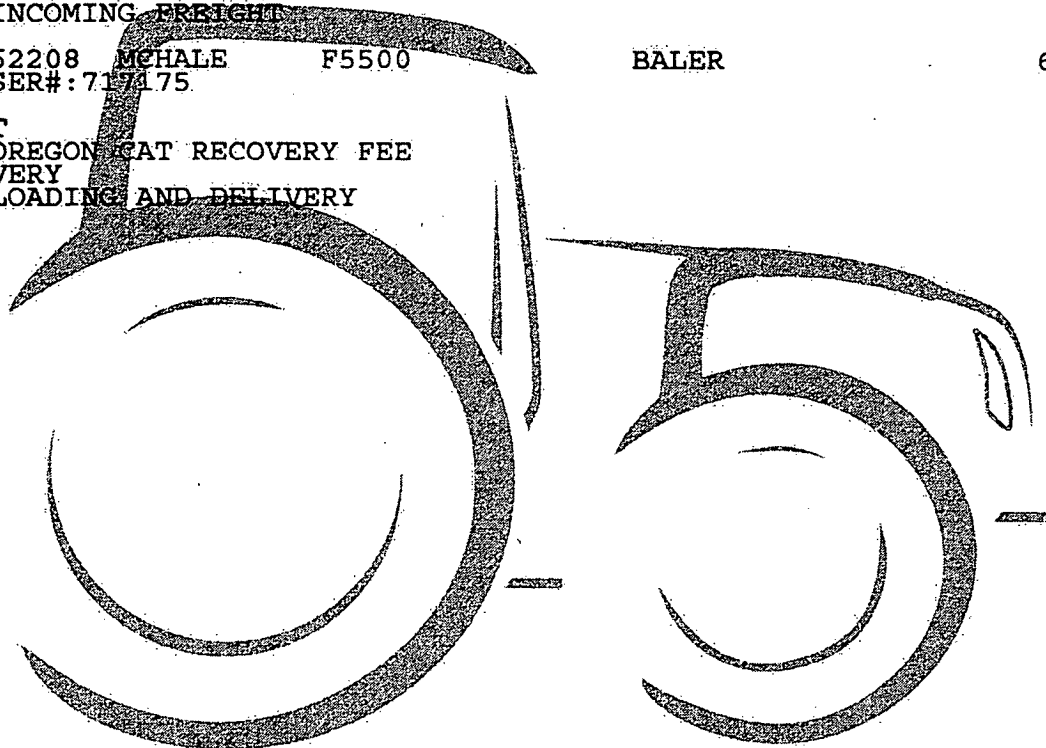
SOLD TO
NEL143 BRIAN S NELSON
30010 BATES LN
LEBANON, OR 97355

SHIP TO

INVOICE

Sold By: TK PO #: 62208 Date 6/10/24 INVOICE IS02104
Ship By: Tax #: 16:41:18 Open

Tax	D	Qty	Description	Price	Amount
			Group: 01		
			FREIGHT		
#0			INCOMING FREIGHT		
#0			UNITS		
#0			62208 MCMALE F5500 BALER		64900.00
			SER#: 7177175		
#0			OREGON CAT		
#0			OREGON CAT RECOVERY FEE		369.93
#0			LOAD/DELIVERY		
#0			LOADING AND DELIVERY		200.00



55 YEARS ★ SINCE 1966

CREDIT CARD TRANSACTIONS - REMIT TO CNH CAPITAL, FARM PLAN, OR YOUR CREDIT CARD COMPANY. THANK YOU
RETURNED PARTS MUST BE IN ORIGINAL PACKAGING AND ACCOMPANIED BY AN INVOICE. NO RETURN AFTER 25 DAYS.
NO RETURN OF OPENED KITS. NO RETURN OF ELECTRICAL PARTS.
AUTHORIZED RETURNS ARE SUBJECT TO A MINIMUM 20% RESTOCKING FEE.

** SUBTOTAL 65469.93

Cash Sale

Phone: (541) 619-4269

PAY THIS
AMOUNT

\$65469.93