

FILED: JUN 24, 2024 01:30 PM OREGON SECRETARY OF STATE



UCC LIEN NO. 92

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS						
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3	1292 Eav. 9	219 662 4141	7			
B. E-MAIL CONTACT AT SUBMITTER (optional)	202 Fax. 0	010-002-4141	┨			
uccfilingreturn@wolterskluwer.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)			_			
200	710 - KUB(OTA CREDIT				
Lien Solutions P.O. Box 29071	99427	211				
	OROR	•				
File with: Secretary of State, OR SEE BELOW FOR SECURED PARTY CONTACT	INFORMA	TION	THE ABOVE S	PACE IS FO	OR FILING OFFICE	USE ONLY
1a. INITIAL FINANCING STATEMENT FILE NUMBER 92072549 10/16/2019 SS OR			1b. This FINANCING STA	EAL ESTATE	RECORDS	•
TERMINATION: Effectiveness of the Financing Statement iden Statement	tified above is	s terminated with			m UCC3Ad) and provide ad Party authorizing the	
ASSIGNMENT (full or partial): Provide name of Assignee in iter For partial assignment, complete items 7 and 9 and also indicate	m 7a or 7b, <u>a</u> nte affected co	nd address of As ollateral in item 8	signee in item 7c and name	of Assignor in	item 9	
CONTINUATION: Effectiveness of the Financing Statement ide continued for the additional period provided by applicable law	entified above	with respect to the	he security interest(s) of Secu	red Party auti	norizing this Continuat	ion Statement is
PARTY INFORMATION CHANGE: Check one of these two boxes: AN AN AN AN AN AN AN AN AN A	D Check one	of these three box	es to:			
This Change affects Debtor or Secured Party of record	CHANG item 6a	GE name and/or a a or 6b; <u>and</u> item 7	ddress: Complete a or 7b and item 7c ADD 7a or	name: Comple 7b, <u>and</u> item 7	te item DELETE na c De delete	ame: Give record name ed in item 6a or 6b
CURRENT RECORD INFORMATION: Complete for Party Information Ga. ORGANIZATION'S NAME	on Change -	provide only <u>one</u>	name (6a or 6b)			
OR 6b. INDIVIDUAL'S SURNAME		FIRST PERSONA	NAME ADDITIONAL NAME(S)/INITIA			SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party	y Information Cha	enge - provide only o	ne name (7a or 7b) (use exact, full n	ame; do not omit, a	nodify, or abbreviate any par	t of the Debtor's name)
7a. ORGANIZATION'S NAME						
OR 7b. INDIVIDUAL'S SURNAME						· · · · · · · · · · · · · · · · · · ·
INDIVIDUAL'S FIRST PERSONAL NAME			 			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				<u> </u>		SUFFIX
7c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
8. COLLATERAL CHANGE: Check only one box:		o collateral	DELETE collateral		covered collateral	ASSIGN* collatera
Indicate collateral:	*Check AS	SSIGN COLLATERAL o	nly if the assignee's power to amend the	record is limited to	certain collateral and describe	the collateral in Section 8
	•					
Control of the Contro						
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING If this is an Amendment authorized by a DEBTOR, check here		ENDMENT: Pro name of authorizin		o) (name of As:	signor, if this is an Assi	gnment)
9a. ORGANIZATION'S NAME Kubota Credit Corporation, U.S.A.						
OR 9b. INDIVIDUAL'S SURNAME		FIRST PERSONA	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
10. OPTIONAL FILER REFERENCE DATA: Debtor Name: DILL	ON CHAL) AL AN				
99427211 75274241	ON, CHAL	\ \\L\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	• • • • • •		45445	. ·