



UCC

LIEN NO. 93904468

WHEELER, AARON F

## UCC FINANCING STATEMENT

## FOLLOW INSTRUCTIONS

## A. NAME &amp; 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) 19779 - Sheffield

Lien Solutions  
P.O. Box 29071  
Glendale, CA 91209-9071

99429651

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 WHEELER	FIRST PERSONAL NAME AARON	ADDITIONAL NAME(S)/INITIAL(S) F	
1c. MAILING ADDRESS 7158 HUGO RD		CITY GRANTS PASS	STATE OR	POSTAL CODE 97526
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)	
2c. MAILING ADDRESS P O BOX 25127		CITY Winston-Salem	STATE NC	POSTAL CODE 27114
COUNTRY USA				

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 Sheffield Financial, a division of Truist Bank				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	
3c. MAILING ADDRESS P O BOX 25127		CITY Winston-Salem	STATE NC	POSTAL CODE 27114
COUNTRY USA				

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

THE FOLLOWING LISTED EQUIPMENT: Make:Polaris; Model:Z23G4E92AL; VIN/SN:3NSG4E926PG327690 ALONG WITH ALL ADDITIONS, MODIFICATIONS, AND EXCHANGES TO THE SUBJECT EQUIPMENT TO INCLUDE SPECIAL TOOLS AND EQUIPMENT NEEDED FOR ITS SERVICE AND REPAIR. AND ALL OTHER EQUIPMENT NOW OWNED AND HEREAFTER ACQUIRED THAT IS FINANCED BY SHEFFIELD FINANCIAL.

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:

6b. 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:

99429651

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