



UCC

LIEN NO. 93904468

WHEELER, AARON F

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)
Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141B. 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 91209-907199429651
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

SUFFIX

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)

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

Sheffield Financial, a division of Truist Bank

OR

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

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 Representative6a. Check only if applicable and check only one box:☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility6b. Check only if applicable and check only one box:☐ Agricultural Lien ☐ Non-UCC Filing7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

99429651

0015442846