FILED: JUN 25, 2024 12:51 PM OREGON SECRETARY OF STATE



UCC

IEN NO. 93905689 POINTER, LAURA ANN

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (optional)					
B. E-MAIL CONTACT AT FILER (optional)					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				,	
AgWest Farm Credit - Baker City 3370 10th St, Ste G Baker City, OR 97814-1467	'				`
		THE ABOVE S	PACE IS FO	OR FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, 1u name will not fit in line 1b, leave all of item 1 blank, check here and provided in a DRGANIZATION'S NAME.		nodify, or abbreviate any par	1 of the Debto		ndividual Debtor's
OR	15:5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5	·····			T
16. INDIVIDUAL'S SURNAME Pointer	_	FIRST PERSONAL NAME		NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
13541 Little Muddy Creek Lane	Haines		OR	97833	USA
2a. ORGANIZATION'S NAME				r's name); if any part of the l natement Addendum (Form U	
OR 26. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Pointer	Gary		Herm		
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
13541 Little Muddy Creek Lane	Haines		OR	97833	USA
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC 3a. ORGANIZATION'S NAME AgWest Farm Credit, FLCA	CURED PARTY): Provi	se only one Secured Party na	me (3a or 3b)		
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSON AL	SON AL NAME		NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY			POSTAL CODE	COUNTRY
3370 10th St, Ste G	Baker Ci	ty	OR	97814-1467	USA
4. COLLATERAL: This financing statement covers the following collateral: All irrigation equipment All debtor's right, title and interest permit, together with all water rights issued in lieu thereof: Permit/Applica or re-designated.	represent	ed thereby and	d any s	ubsequent per	mit(s)
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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	6b. Check only if applicable and check only one box:  Home Transaction				
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor					
8. OPTIONAL FILER REFERENCE DATA:					