FILED: SEP 24, 2024 03:22 PM OREGON SECRETARY OF STATE



LIEN NO. 93989263

GARY CROSSAN FARMS,

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT SUBMITTER Name: Wolters Kluwer Lien Solutions Phone: 8	(optional)				
B. E-MAIL CONTACT AT SUBMITTER (optional)	00-331-3202 f ax. 010-002-4141	•			
uccfilingreturn@wolterskluwer.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Add	ress) 9121 - FIRST FEDERAL				
Lien Solutions P.O. Box 29071	100843820				,
Glendale, CA 91209-9071	OROR				
File with: Secretary of State, OR SEE BELOW FOR SECURED PARTY C				OR FILING OFFICE US	
 DEBTOR'S NAME: Provide only one Debtor name (1 name will not fit in line 1b, leave all of item 1 blank, check 					
1a. ORGANIZATION'S NAME GARY CROSSAN FARMS, LLC		The state of the s	noing Oil	Action Addendam (Commo	
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME ADDITIONAL NAME(S)/INITIAL(S)		NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
34474 Webber Dr	Shedd		OR	97377	USA
DEBTOR'S NAME: Provide only one Debtor name (2 name will not fit in line 2b, leave all of item 2 blank, check		nodify, or abbreviate any part of the information in item 10 of the Fina			
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 ASSIGNE	EE of ASSIGNOR SECURED PARTY): Prov	ide only <u>one</u> Secured Party name	(3a or 3	<u>l</u> b)	
3a. ORGANIZATION'S NAME First Bank Richmond					
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	
3c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
PO Box 1145	Richmond		IN	47375-1145	USA
4. COLLATERAL: This financing statement covers the follo 1 2016 Genie GTH 636 2016 Genie Model GTH		6E-10548		·	

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5. Check only if applicable and check		n a Trust (see UCC1Ad, item 17 a			cedent's Personal Representative
6a. Check only if applicable and chec	k only one box:	_		6b. Check only if applicable	
Public-Finance Transaction	Manufactured-Home Transa	action A Debtor is a Tran	smitting Utility	Agricultural Lien	Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if	applicable): Lessee/Lessor	Consignee/Consignor	Seller/Buye	er Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE D	PATA:				
100843820	163058			EQPLS	