	į	FILED: OCT 22, 2024 03:24 PM OREGON SECRETARY OF STATE					
	•	ucc	OREGO				ACTORS INC
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS			Libitito	•			
A. NAME & PHONE OF CONTACT AT FILER [optional] Dylan Hockert 503.282.2566							
B. E-MAIL CONTACT AT FILER [optional]							
ar@feenaughty.com							
C. SEND ACKNOWLEDGMENT TO: (Name and Address)							
Feenaughty Machinery Co. PO Box 13279	7						
Portland, OR 97213-0279					•		
•							
L	_] [THE	AROVE SE	PACE IS E	OR FILING OFF	ICE USE	ONLY
1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact,	full name; do not omit, modify						
name will not fit in line 1b, leave all of item 1 blank, check here	ovide the Individual Debtor inf						
1a. ORGANIZATION'S NAME R-2 Contractors Inc							
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	FIRST PERSONAL NAME			ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
					,		
1c. MAILING ADDRESS	CITY	•			POSTAL CODE		COUNTRY
PO Box 1658	Redmond			OR	97756		USA
2. DEBTOR'S NAME – Provide only one debtor name (2a or 2b) (use exact, 1 name will not fit in line 2b, leave all of item 1 blank, check here and pi	uli name; do not omit, modify or rovide the Individual Debtor in						
2a. ORGANIZATION'S NAME						•	•
OB							
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	
2c. MAILING ADDRESS	CITY	CITY		STATE POSTAL CODE		 E	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE	CURED PARTY): Provide on	ly <u>one</u> Secure	ed Party name	(3a or 3b)	l .		
3a. ORGANIZATION'S NAME							
Feenaughty Machinery Co.	FIRST PERSONAL NAM	E		TADDITION	NAL NAME(S)/INIT	IAL(S)	SUFFIX
		THE TENSIVE WILL					
3c. MAILING ADDRESS	CITY				POSTAL CODE	=	COUNTRY
PO Box 13279	Portland			OR	97213		USA
4. COLLATERAL: This financing statement covers the following collateral:				-			
F019971 TL12 Track Loader SN: 412107	582						
5. Check only if applicable and check only one box: Collateral is held in a	Frust (see UCC1Ad, item 17 a	nd instruction	s)	eina adminis	tered by a Deceder	nt's Parson	nal Representative
Charles white and sheet and sheet	.ast jood doorna, item 17 a		-/ L 0(ong auminis	icieu by a Deceder	o F E 1801	
6. Check only if applicable and check only one box:	ransmitting Utility						
				□ - ::	/Deller	<u> </u>	
7. ALTERNATIVE DESIGNATION [if applicable]: Lessee/Lessor	Consignee/Consignor	Seller/	buyer	☐ Baile	e/Bailor	Lice	ensee/Licensor

8. OPTIONAL FILER REFERENCE DATA

Contract #000364