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FILED: OCT 22, 2024 03:41 PM OREGON SECRETARY OF STATE

2954 90578

·		UCC	LIEN NO.	94013	277 MEN	DOZA ESTRADA, STE
LICO FINANCINO CTATEMENT			•	1		
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS						
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294	<del></del>					
B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com						
C. SEND ACKNOWLEDGMENT TO: (Name and Address)						
CSC 1127 Broadway St. NE, Suite 310 Filed In						
L Salem, OR 97301 SEE BELOW FOR SECURED PARTY CONTACT INFORMATION	n: Oregon (S.O.S.)	THE	ABOVE SPA	CE IS FO	R FILING OFFICE	USE ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name not fit in line 1b, leave all of item 1 blank, check here     and provide the		fy, or abbreviate a	ny part of the D	ebtor's nan	<del></del>	dividual Debtor's name will
1a. ORGANIZATION'S NAME			·			
OR 1b. INDIVIDUAL'S SURNAME MENDOZA ESTRADA	FIRST PERSONAL	NAME		ADDITIO	NAL NAME(S)/INITIAL	(S) SUFFIX
1c. MAILING ADDRESS 505 E CATHERINE AVE	CITY HERMISTC				POSTAL CODE 97838-1961	COUNTRY
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name not fit in line 2b, leave all of item 2 blank, check here  and provide the					l ne); if any part of the Inc at Addendum (Form UCC	
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 3a. ORGANIZATION'S NAME AGCO Finance LLC	D PARTY): Provide	only one Secured	Party name (3a	a or 3b)		
OR 3b, INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME		ADDITIO	NAL NAME(S)/INITIAL	(S) SUFFIX
3c. MAILING ADDRESS P.O. BOX 2000	CITY JOHNSTOI	N		IA	50131-0020	USA
4. COLLATERAL: This financing statement covers the following collateral: MASSEY FERGUSON MF1835EH Tractor					-	
<b>,</b>						
						_
5. Check only if applicable and check only one box: Collateral is held in a Trust (so	ee UCC1Ad, item 1	7 and Instructions				ersonal Representative
6a. Check only if applicable and check only one box:	☐ A Debtor is a	Transmitting Utilit	-		f applicable and check tural Lien No	only one box: on-UCC Filing
Public-Finance Transaction Manufactured-Home Transaction  7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consigno		eller/Buyer		illee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:					<del></del>	2954 9057