



UCC

LIEN NO. 94169263

COUNTS, DUSTIN WADE

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)

B. E-MAIL CONTACT AT SUBMITTER (optional)

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

**TRI-STATE LIVESTOCK CREDIT CORPORATION**  
**2312 S 6th Street, Suite B**  
**Klamath Falls, OR 97601**

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 <b>Counts</b>	FIRST PERSONAL NAME <b>Dustin</b>	ADDITIONAL NAME(S)/INITIAL(S) <b>Wade</b>	SUFFIX
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1c. MAILING ADDRESS <b>29654 Abert Rim Road</b>	CITY <b>Lakeview</b>	STATE <b>OR</b>	POSTAL CODE <b>97630</b>	COUNTRY <b>USA</b>
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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 <b>Counts</b>	FIRST PERSONAL NAME <b>Tara</b>	ADDITIONAL NAME(S)/INITIAL(S) <b>Rae</b>	SUFFIX
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2c. MAILING ADDRESS <b>29654 Abert Rim Road</b>	CITY <b>Lakeview</b>	STATE <b>OR</b>	POSTAL CODE <b>97630</b>	COUNTRY <b>USA</b>
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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  
**TRI-STATE LIVESTOCK CREDIT CORPORATION**

OR

3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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3c. MAILING ADDRESS <b>2312 S 6th Street, Suite B</b>	CITY <b>Klamath Falls</b>	STATE <b>OR</b>	POSTAL CODE <b>97601</b>	COUNTRY <b>USA</b>
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4. COLLATERAL: This financing statement covers the following collateral:

**All Livestock (including all increase and supplies); whether any of the foregoing is owned now or acquired later; whether any of the foregoing is now existing or hereafter born; all accessions, additions, replacements, and substitutions relating to any of the foregoing (including all entitlements, rights to payment, and payments, in whatever form received, including but not limited to, payments under any governmental agricultural diversion programs, governmental agricultural assistance programs, the Farm Services Agency Wheat Feed Grain Program, and any other such program of the United States Department of Agriculture, or any other general intangibles or programs); all records of any kind relating to any of the foregoing.**

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  A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:  Agricultural Lien  Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable):  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

### UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

9a. ORGANIZATION'S NAME	
OR	
9b. INDIVIDUAL'S SURNAME	
<b>Counts</b>	
FIRST PERSONAL NAME	
<b>Dustin</b>	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
<b>Wade</b>	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME	
OR	
10b. INDIVIDUAL'S SURNAME	
<b>Counts</b>	
INDIVIDUAL'S FIRST PERSONAL NAME	
<b>Jay</b>	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
<b>Allen</b>	

10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
<b>29652 Abert Rim Road</b>	<b>Lakeview</b>	<b>OR</b>	<b>97630</b>	<b>USA</b>

11.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME					
OR					
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. <input type="checkbox"/> This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATEMENT: <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input type="checkbox"/> is filed as a fixture filing
15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	16. Description of real estate:

17. MISCELLANEOUS:

# UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

9a. ORGANIZATION'S NAME	
OR	
9b. INDIVIDUAL'S SURNAME	
<b>Counts</b>	
FIRST PERSONAL NAME	
<b>Dustin</b>	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
<b>Wade</b>	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME				
OR				
10b. INDIVIDUAL'S SURNAME				
<b>Counts</b>				
INDIVIDUAL'S FIRST PERSONAL NAME				
<b>Gloria</b>				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
<b>Mae</b>				

10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
<b>29652 Abert Rim Road</b>	<b>Lakeview</b>	<b>OR</b>	<b>97630</b>	<b>USA</b>

11.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME				
OR				
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13.  This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:  covers timber to be cut  covers as-extracted collateral  is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in Item 16 (if Debtor does not have a record interest):	16. Description of real estate:

17. MISCELLANEOUS: