UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

FILED:	MAY 05, 2	025 03:21 PM
OREGO	SECRET	ARY OF STATE

Bailee/Bailor

Seller/Buyer

Licensee/Licensor

3116 14834

UCC LIEN NO. 94183709

DICKMAN FARMS, INC.

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294				
B. E-MAIL CONTACT AT SUBMITTER (optional)				
SPRFiling@cscglobal.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
3116 14834	71			
CSC	·			
1127 Broadway St. NE, Suite 310 Filed	In: Oregon			
Salem, OR 97301	(S.O.S.)			
ORMATI	ON THE ABOVE S	PACE IS FO	OR 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 analysis of the second of t	ne; do not omit, modify, or abbreviate any part of the Individual Debtor information in item 10 of the Fina			Debtor's name wil
1a. ORGANIZATION'S NAME Dickman Farms, Inc.				
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 15829 Mt Angel Scotts Mills Rd NE	CITY Silverton	STATE	POSTAL CODE 97381-9734	COUNTRY
	<u> </u>		<u> </u>	. 1
 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 	ne; do not omit, modify, or abbreviate any part of the individual Debtor information in item 10 of the Fina			Debtor's name will
2a. ORGANIZATION'S NAME				
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
2 SECURED PARTY'S NAME (CONTRACTOR OF A 2000) PROPERTY OF THE PARTY OF	TO DESCRIPTION Description of the second sec	(0 25)		
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE OF ASSIGNOR SECURE 3a. ORGANIZATION'S NAME Steams Bank Equipment Finance		(3a or 3b)		
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		SUFFIX
207	Loiny	CTATE	Inocras conc	COUNTRY
3c. MAILING ADDRESS PO Box 327	Albany	STATE	POSTAL CODE 56307-0327	COUNTRY
4 COLLATERAL: This financing statement covers the following collateral:				
4. COLLATERAL: This financing statement covers the following collateral: Wurdinger 6 row Broccoli Harvester SN 8626 QTY 1				
Model:Wurdinger 6 row S/N:8626				
Wurdinger 18.5 foot long field tote Hauling trailer SN 8	3627 OTY 1			
Model:Wurdinger 18.5 foot long	332. 4			
S/N:8627				
Wurdinger 18.5 foot long field tote Hauling trailer SN 8	3628 QTY 1			
Model:Wurdinger 18.5 foot long				
S/N:8628 Wurdinger 18.5 foot long field tote Hauling trailer SN 8	R629 OTY 1			
Model: Wurdinger 18.5 foot long	JU23 Q() 1			
S/N:8629				
E Cheek selv if applicable and about only are how. Callaborat in The Cheek and the Che	con LICC1Ad item 17 and laste edians)	ina administ-	rad by a Docadont's Poment	Panrasantativo
5. Check only if applicable and check only one box: Collateral is held in a Trust (so fac. Check only if applicable and check only one box:			red by a Decedent's Personal if applicable and check only on	
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Transmitting Utility	_	Itural Lien Non-UCC	

Consignee/Consignor

Lessee/Lessor

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA: 37236

UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS

	AME OF FIRST DEBTOR: Same as line 1a or 1b on Fir	nancing Statement; if lin	ie 1b was left b	lank				
9a. ORGANIZATION'S NAME								
	Dickman Farms, Inc.							
				·				
20								
OR	9b. INDIVIDUAL'S SURNAME							
ł	FIRST PERSONAL NAME			-				
ļ								
	ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX				
					THE ABOVE	SPACE	IS FOR FILING OFFICE U	SE ONLY
10	DEBTOR'S NAME: Provide (10a or 10b) only one additi	ional Debtor name or D	ehtor name tha	t did not fit in line				
	do not omit, modify, or abbreviate any part of the Debtor's na	me) and enter the maili	ng address in I	ine 10c	10 Of 20 Of the Filland	ang Statem	ent (rom occ r) (ase exact, it	uii riairie,
_	10a. ORGANIZATION'S NAME							
	Ida. ORGANIZATION'S NAME							
00								
OR	10b. INDIVIDUAL'S SURNAME			_				
	·							
ŀ	INDIVIDUAL'S FIRST PERSONAL NAME							
	INDIVIDUAL OF INCOME PARIL							
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)							SUFFIX
	•							
10c.	MAILING ADDRESS		CITY			STATE	POSTAL CODE	COUNTRY
		X -						
						<u> </u>		
11.	ADDITIONAL SECURED PARTY'S NAME of	r ASSIGN	OR SECUP	RED PARTY'S	NAME: Provide on	ly <u>one</u> nam	e (11a or 11b)	
Ì	11a. ORGANIZATION'S NAME							
OR	11b. INDIVIDUAL'S SURNAME		FIRST PERS	ONAL NAME		TADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
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			1			<u> </u>		
11c.	MAILING ADDRESS		CITY			STATE	POSTAL CODE	COUNTRY
			1					
12 /	ADDITIONAL SPACE FOR ITEM 4 (Collateral):	•	<u> </u>				<u> </u>	
W	ADDITIONAL SPACE FOR ITEM 4 (Collateral): urdinger 18.5 foot long field tote Hau	ling trailer SN	8630 QT	Υ1				
Mo	odel:Wurdinger 18.5 foot long S/N:86	30		•				
	sadiiaii.ger 18.8 1881 1811g eri 188						•	
					•			
	•							
	<u>-</u>							
13.	This FINANCING STATEMENT is to be filed [for record]	(or recorded) in the	14. This FIN	ANCING STATEM	MENT:			
	REAL ESTATE RECORDS (if applicable)		Псои	ers timber to be c	ut Covers as-	extracted co	ollateral is filed as a fix	dure filing
15.1	Name and address of a RECORD OWNER of real estate des	cribed in item 16		on of real estate:		-		
	if Debtor does not have a record interest):							
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			:					
			}					
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17. I	MISCELLANEOUS:					-		