




FILED: AUG 07, 2025 03:47 PM
OREGON SECRETARY OF STATE



UCC LIEN NO. 94271020 COMBE, JAKE

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)
Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141

B. E-MAIL CONTACT AT SUBMITTER (optional)
uccfilingreturn@wolterskluwer.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address) 46633 - VCU - Retail

| | |
|---|-----------------------|
| Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071 | 105258624 OROR |
|---|-----------------------|

File with: Secretary of State, OR
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 COMBE | FIRST PERSONAL NAME JAKE | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 1c. MAILING ADDRESS 5575 NEW HOPE RD | CITY GRANTS PASS | STATE OR | POSTAL CODE 97527 | COUNTRY USA |

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 | 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 PARTY): Provide only one Secured Party name (3a or 3b)

| | | | | |
|---|---------------------|-------------------------------|----------------------|----------------|
| 3a. ORGANIZATION'S NAME VIBRANT CREDIT UNION | | | | |
| OR | | | | |
| 3b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | |
| 3c. MAILING ADDRESS PO BOX 1550 | CITY MOLINE | STATE IL | POSTAL CODE 61265 | COUNTRY USA |

4. COLLATERAL: This financing statement covers the following collateral:
SEE ATTACHMENT

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:
105258624

30001740115

JD2 Equipment LLC
 1792 Dowell RD
 Grants Pass OR 97527
 Mark 707-291-3232

INVOICE

Jake Combe
 5575 New hope Rd
 Grants Pass OR 97527
 Jake 541-761-1068

Invoice # 202500030

Invoice Date 07/30/2025

Due Date 08/04/2025

| Item | Description | Unit Price | Quantity | Amount | |
|---|---|------------|----------|--------------------|-------------|
| Product | 2019 Kubota KX057-4R-1 12500# Excavator,Canopy, QC,Thumb,4 way angle blade,12" & 24" buckets, Ser# 29628 Hours 2098 | 48500.00 | 1.00 | 48,500.00 | |
| Service | Loan doc fee | 299.00 | 1.00 | 299.00 | |
| Service | DOWN PAYMENT | -5000.00 | 1.00 | -5,000.00 | |
| <p><u>NOTES:</u> Warranty Disclaimer: Unit sold as is no warranty expressed or implied.</p> <p>**Looking for 7.99% 60/72 month term**</p> | | | | | |
| | | | | Subtotal | 43,799.00 |
| | | | | Total | 43,799.00 |
| | | | | Amount Paid | 0.00 |
| | | | | Balance Due | \$43,799.00 |