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Frankis F	ILED: MAY 31, 2018 05:00 GEGON SECRETARY OF S	PM TATE			
UCC FINANCING STATEN	LIEN NO. 91565492	K & E TRACTOR, INC.			
FOLLOW INSTRUCTIONS UCC A. NAME & PHONE OF CONTACT AT FILER (optional)					
CSC 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional)					
SPRFiling@cscglobal.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
1472 93209 - 5/31/2018					
CSC 1127 BROADWAY ST. SALEM, OR 97301	Filed In: Oregon				
	Filed In: Oregon (S.O.S.)				
		THE ABOVE SPAC	E IS FOI	R FILING OFFICE USE C	NLY
	xact, full name; do not omit, modify, I provide the Individual Debtor inform				
1a. ORGANIZATION'S NAMEK & E Tractor, Inc.					
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	E /	ADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 3871 Langley Street Southeast	CITY Salem		STATE OR	POSTAL CODE 97317	
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use e					
name will not fit in line 2b, leave all of item 2 blank, check here and and 2a. ORGANIZATION'S NAME	provide the Individual Debtor inform	mation in item 10 of the Fina	incing Sta	tement Addendum (Form UC	C1Ad)
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	E	ADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	0.00		STATE		
	CITY			POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGN	DR SECURED PARTY): Provide on	ly <u>one</u> Secured Party name	(3a or 3b)	-	COUNTRY
	DR SECURED PARTY): Provide on	ly <u>one</u> Secured Party name	(3a or 3b)	-	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGN	DR SECURED PARTY): Provide on	· ·		-	SUFFIX
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNE 3a. ORGANIZATION'S NAME Wells Fargo Equipment F	DR SECURED PARTY): Provide on inance, Inc.	E /			
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNE 3a. ORGANIZATION'S NAME Wells Fargo Equipment F OR 3b. INDIVIDUAL'S SURNAME 3c. MAILING ADDRESS 600 South 4th Street, MAC	DR SECURED PARTY): Provide on inance, Inc. FIRST PERSONAL NAM CITY Minneapolis <sup>t.</sup> Truck S/N: 1NPTLPE Trailer S/N: 4S9P2D37 ements, substitutions, ther chattel paper, ren ash and non-cash prod	EX2KD274937 I6JS331245 additions and acc tals, accounts, ge ceeds thereof; tog	ADDITION STATE MN cessio neral i jether	NAME(S)/INITIAL(S) POSTAL CODE 55415 ns thereof, plus th intangibles and otl with all accessorie	SUFFIX COUNTRY USA e ner income es,

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:	6b. Check only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Bit	uyer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: Construction - 001-0406083-716	1472 93209

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