			FILED: JAN	17, 2019 12:16 PM RETARY OF STATE	
			K BOLLE KII FRAMORI I		
JCC FINANCING STATEMENT		UCC	LIEN NO. 9	1780477 G-2 FARMI	NG. L.L.C.
OLLOWINSTRUCTIONS					,
A. NAME & PHONE OF CONTACT AT FILER (optional)					1
JCC DEPARTMENT 8884278713		4			
B. E-MAIL CONTACT AT FILER (optional)					
DFUCCFilings@JohnDeere.com . SEND ACKNOWLEDGMENT TO: (Name and Address)	<u> </u>				
	·				
JOHN DEERE FINANCIAL 6400 NW 86TH STREET					
PO BOX 6630					
JOHNSTON, IA 50131					
· · · · · · · · · · · · · · · · · · ·					
		т	E A BOVE SPACE IS	For Filing office use	
				FOR FILING OFFICE US	
. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use e		modify, or abbrevia	te any part of the Debtor	s name); if any part of the Indi	vidual Debtor's
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (12 or 1b) (use e		modify, or abbrevia	te any part of the Debtor		vidual Debtor's
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use e name will not fit in line 1b, leave all of item 1 blank, check here and 1a. ORGANIZATION'S NAME		modify, or abbrevia	te any part of the Debtor	s name); if any part of the Indi	vidual Debtor's
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use e name will not fit in line 1b, leave all of item 1 blank, check here and 1a. ORGANIZATION'S NAME G-2 FARMING, L.L.C.	provide the Individual Debt	modify, or abbrevia	te any part of the Debtor m 10 of the Financing Sta	s name); if any part of the Indi	vidual Debtor's
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use e name will not fit in line 1b, leave all of item 1 blank, check here and 1a. ORGANIZATION'S NAME G-2 FARMING, L.L.C.	provide the Individual Debt	modify, or abbrevia or information in ite	te any part of the Debtor m 10 of the Financing Sta	s name); if any part of the India tement Addendum (Form UCC	vidual Debtor's C1Ad)
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use e name will not fit in line 1b, leave all of item 1 blank, check here and 1a. ORGANIZATION'S NAME <b>G-2 FARMING, L.L.C.</b> 1b. INDIVIDUAL'S SURNAME	provide the Individual Debt	modify, or abbrevia or information in ite	te any part of the Debtor m 10 of the Financing Sta	s name); if any part of the India tement Addendum (Form UCC	vidual Debtor's C1Ad)
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use e name will not fit in line 1b, leave all of item 1 blank, check here and 1a. ORGANIZATION'S NAME G-2 FARMING, L.L.C. 1b. INDIVIDUAL'S SURNAME	Provide the Individual Debt	modify, or ebbrevie or information in ite SONAL NAME	te any part of the Debtor m 10 of the Financing Sta ADDITIC	s name); if any part of the India atement Addendum (Form UCC DNAL NAME(S)/INITIAL(S)	ridual Debtor's C1Ad) SUFFIX
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use e name will not fit in line 1b, leave all of item 1 blank, check here and 1a. ORGANIZATION'S NAME G-2 FARMING, L.L.C. 1b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS 55780 E WALLS RD	FIRST PER CITY	modify, or abbrevie or information in its SONAL NAME ISTON	te any part of the Debtor m 10 of the Financing Sta ADDITIC STATE OR	s name); if any part of the India atement Addendum (Form UCC INAL NAME(S)/INITIAL(S) POSTAL CODE <b>97838</b>	ridual Debtor's (1Ad) SUFFIX COUNTR US
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use e name will not fit in line 1b, leave all of item 1 blank, check here and 1a. ORGANIZATION'S NAME G-2 FARMING, L.L.C. 1b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS 35780 E WALLS RD DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use en name will not fit in line 2b, leave all of item 2 blank, check here and	FIRST PER CITY HERM xact, full name; do not omit,	modify, or abbrevia or information in its SONAL NAME ISTON modify, or abbrevia	te any part of the Debtor' m 10 of the Financing Sta ADDITIC STATE OR te any part of the Debtor'	s name); if any part of the India atement Addendum (Form UCC INAL NAME(S)/INITIAL(S) POSTAL CODE <b>97838</b>	ridual Debtor's (1Ad) SUFFIX COUNTR US ridual Debtor's
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use e name will not fit in line 1b, leave all of item 1 blank, check here and 1a. ORGANIZATION'S NAME G-2 FARMING, L.L.C. 1b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS 5780 E WALLS RD DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use et	FIRST PER CITY HERM xact, full name; do not omit,	modify, or abbrevia or information in its SONAL NAME ISTON modify, or abbrevia	te any part of the Debtor' m 10 of the Financing Sta ADDITIC STATE OR te any part of the Debtor'	s name); if any part of the India atement Addendum (Form UCC NAL NAME(S)/INITIAL(S) POSTAL CODE <b>97838</b> s name); if any part of the India	ridual Debtor's (1Ad) SUFFIX COUNTR US ridual Debtor's
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use e name will not fit in line 1b, leave all of item 1 blank, check here and 1a. ORGANIZATION'S NAME G-2 FARMING, L.L.C. 1b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS 35780 E WALLS RD DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use ex name will not fit in line 2b, leave all of item 2 blank, check here and 2a. ORGANIZATION'S NAME	FIRST PER CITY HERM xact, full name; do not omit, I provide the Individual Debt	modify, or ebbrevie or information in ite SONAL NAME ISTON ISTON modify, or abbrevie or information in ite	te any part of the Debtor m 10 of the Financing Sta ADDITIC STATE OR te any part of the Debtor m 10 of the Financing St	s name); if any part of the India atement Addendum (Form UCC DNAL NAME(S)/INITIAL(S) POSTAL CODE <b>97838</b> s name); if any part of the India atement Addendum (Form UC	ridual Debtor's (1Ad) SUFFIX COUNTR US ridual Debtor's C1Ad)
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use e name will not fit in line 1b, leave all of item 1 blank, check here and 1a. ORGANIZATION'S NAME G-2 FARMING, L.L.C. 1b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS 35780 E WALLS RD DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use en name will not fit in line 2b, leave all of item 2 blank, check here and 2a. ORGANIZATION'S NAME	FIRST PER CITY HERM xact, full name; do not omit, provide the Individual Debt	modify, or abbrevia or information in ite SONAL NAME ISTON modify, or abbrevia or information in ite SONAL NAME	te any part of the Debtor' m 10 of the Financing Sta ADDITIC STATE OR te any part of the Debtor's am 10 of the Financing St ADDITIC	s name); if any part of the India atement Addendum (Form UCC NAL NAME(S)/INITIAL(S) POSTAL CODE <b>97838</b> s name); if any part of the India	ridual Debtor's (1Ad) SUFFIX COUNTR US ridual Debtor's
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use e name will not fit in line 1b, leave all of item 1 blank, check here and 1a. ORGANIZATION'S NAME G-2 FARMING, L.L.C. 1b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS 35780 E WALLS RD 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 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME JUUL	FIRST PER CITY HERM xact, full name; do not omit, t provide the Individual Debt FIRST PER GREGE	modify, or abbrevia or information in ite SONAL NAME ISTON modify, or abbrevia or information in ite SONAL NAME	te any part of the Debtor m 10 of the Financing Sta ADDITIC STATE OR te any part of the Debtor am 10 of the Financing St ADDITIC W	s name); if any part of the India atement Addendum (Form UCC DNAL NAME(S)/INITIAL(S) POSTAL CODE 97838 s name); if any part of the India atement Addendum (Form UC DNAL NAME(S)/INITIAL(S)	ridual Debtor's (1Ad) SUFFIX COUNTR US ridual Debtor's C1Ad) SUFFIX
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use e name will not fit in line 1b, leave all of item 1 blank, check here and 1a. ORGANIZATION'S NAME G-2 FARMING, L.L.C. 1b. INDIVIDUAL'S SURNAME C. MAILING ADDRESS 5780 E WALLS RD 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 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME 2b. INDIVIDUAL'S SURNAME JUUL c. MAILING ADDRESS	FIRST PER CITY HERM xact, full name; do not omit, 4 provide the Individual Debt FIRST PER GREG4 CITY	modify, or abbrevia or information in its SONAL NAME ISTON modify, or abbrevia or information in its SONAL NAME ORY	te any part of the Debtor' m 10 of the Financing Sta ADDITIC STATE OR te any part of the Debtor's m 10 of the Financing St ADDITIC W STATE	s name); if any part of the India atement Addendum (Form UCC NAL NAME(S)/INITIAL(S) POSTAL CODE 97838 s name); if any part of the India atement Addendum (Form UC NAL NAME(S)/INITIAL(S) POSTAL CODE	ridual Debtor's (1Ad) SUFFIX COUNTR US ridual Debtor's C1Ad) SUFFIX COUNTR
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use e name will not fit in line 1b, leave all of item 1 blank, check here and 1a. ORGANIZATION'S NAME G-2 FARMING, L.L.C. 1b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS 35780 E WALLS RD DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use ex name will not fit in line 2b, leave all of item 2 blank, check here and 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME JUUL c. MAILING ADDRESS 35786 E WALLS RD	FIRST PER CITY HERM xact, full name; do not omit, 1 provide the Individual Debt FIRST PER GREGO CITY HERM	modify, or abbrevia or information in its SONAL NAME ISTON modify, or abbrevia or information in its SONAL NAME ORY ISTON	te any part of the Debtor' m 10 of the Financing Sta ADDITIC STATE OR te any part of the Debtor's m 10 of the Financing St ADDITIC W STATE OR	s name); if any part of the India atement Addendum (Form UCC DNAL NAME(S)/INITIAL(S) POSTAL CODE 97838 s name); if any part of the India atement Addendum (Form UC DNAL NAME(S)/INITIAL(S) POSTAL CODE 97838	ridual Debtor's (1Ad) SUFFIX COUNTR US ridual Debtor's C1Ad) SUFFIX
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use e name will not fit in line 1b, leave all of item 1 blank, check here and 1a. ORGANIZATION'S NAME G-2 FARMING, L.L.C. 1b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS 35780 E WALLS RD DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use ex name will not fit in line 2b, leave all of item 2 blank, check here and 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME JUUL c. MAILING ADDRESS 35786 E WALLS RD	FIRST PER CITY HERM xact, full name; do not omit, 1 provide the Individual Debt FIRST PER GREGO CITY HERM	modify, or abbrevia or information in its SONAL NAME ISTON modify, or abbrevia or information in its SONAL NAME ORY ISTON	te any part of the Debtor' m 10 of the Financing Sta ADDITIC STATE OR te any part of the Debtor's m 10 of the Financing St ADDITIC W STATE OR	s name); if any part of the India atement Addendum (Form UCC DNAL NAME(S)/INITIAL(S) POSTAL CODE 97838 s name); if any part of the India atement Addendum (Form UC DNAL NAME(S)/INITIAL(S) POSTAL CODE 97838	ridual Debtor's (1Ad) SUFFIX COUNTR US ridual Debtor's C1Ad) SUFFIX COUNTR
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use e name will not fit in line 1b, leave all of item 1 blank, check here and 1a. ORGANIZATION'S NAME G-2 FARMING, L.L.C. 1b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS 35780 E WALLS RD DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use et name will not fit in line 2b, leave all of item 2 blank, check here and 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME 2b. INDIVIDUAL'S SURNAME JUUL c. MAILING ADDRESS 35786 E WALLS RD SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNE 3a. ORGANIZATION'S NAME	FIRST PER CITY HERM xact, full name; do not omit, 1 provide the Individual Debt FIRST PER GREGO CITY HERM	modify, or abbrevia or information in its SONAL NAME ISTON modify, or abbrevia or information in its SONAL NAME ORY ISTON	te any part of the Debtor' m 10 of the Financing Sta ADDITIC STATE OR te any part of the Debtor's m 10 of the Financing St ADDITIC W STATE OR	s name); if any part of the India atement Addendum (Form UCC DNAL NAME(S)/INITIAL(S) POSTAL CODE 97838 s name); if any part of the India atement Addendum (Form UC DNAL NAME(S)/INITIAL(S) POSTAL CODE 97838	ridual Debtor's (1Ad) SUFFIX COUNTR US ridual Debtor's C1Ad) SUFFIX COUNTR
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use e name will not fit in line 1b, leave all of item 1 blank, check here and 1a. ORGANIZATION'S NAME G-2 FARMING, L.L.C. 1b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS 35780 E WALLS RD DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use ex name will not fit in line 2b, leave all of item 2 blank, check here and 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME 2b. INDIVIDUAL'S SURNAME JUUL c. MAILING ADDRESS 35786 E WALLS RD SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNE	FIRST PER CITY HERM xact, full name; do not omit, 1 provide the Individual Debt FIRST PER GREGA CITY HERM NOR SECURED PARTY): Pr	modify, or abbrevia or information in its SONAL NAME ISTON modify, or abbrevia or information in its SONAL NAME ORY ISTON	te any part of the Debtor' m 10 of the Financing Sta ADDITIC STATE OR te any part of the Debtor's am 10 of the Financing St ADDITIC W STATE OR sured Party name (3a or 3	s name); if any part of the India atement Addendum (Form UCC DNAL NAME(S)/INITIAL(S) POSTAL CODE 97838 s name); if any part of the India atement Addendum (Form UC DNAL NAME(S)/INITIAL(S) POSTAL CODE 97838	ridual Debtor's (1Ad) SUFFIX COUNTR US ridual Debtor's C1Ad) SUFFIX COUNTR
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use e name will not fit in line 1b, leave all of item 1 blank, check here and 1a. ORGANIZATION'S NAME G-2 FARMING, L.L.C. 1b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS 35780 E WALLS RD DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use et name will not fit in line 2b, leave all of item 2 blank, check here and 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME 2b. INDIVIDUAL'S SURNAME 3c. MAILING ADDRESS 35786 E WALLS RD SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGN 3a. ORGANIZATION'S NAME DEERE & COMPANY	FIRST PER CITY HERM xact, full name; do not omit, 1 provide the Individual Debt FIRST PER GREGA CITY HERM NOR SECURED PARTY): Pr	modify, or abbrevia or information in ite SONAL NAME ISTON modify, or abbrevia or information in ite SONAL NAME ORY ISTON Toylde only one Sec	te any part of the Debtor' m 10 of the Financing Sta ADDITIC STATE OR te any part of the Debtor's am 10 of the Financing St ADDITIC W STATE OR sured Party name (3a or 3	s name); if any part of the Indi- atement Addendum (Form UCC NAL NAME(S)/INITIAL(S) POSTAL CODE 97838 s name); if any part of the Indi- atement Addendum (Form UC NAL NAME(S)/INITIAL(S) POSTAL CODE 97838 b)	ridual Debtor's (1Ad) SUFFIX COUNTR US ridual Debtor's C1Ad) SUFFIX COUNTR US
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use e name will not fit in line 1b, leave all of item 1 blank, check here and 1a. ORGANIZATION'S NAME G-2 FARMING, L.L.C. 1b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS 35780 E WALLS RD DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use en name will not fit in line 2b, leave all of item 2 blank, check here and 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME 2b. INDIVIDUAL'S SURNAME JUUL c. MAILING ADDRESS 35786 E WALLS RD . SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGN 3a. ORGANIZATION'S NAME DEERE & COMPANY 3b. INDIVIDUAL'S SURNAME	FIRST PER CITY HERM xact, full name; do not omit, 1 provide the Individual Debt FIRST PER GREGA CITY HERM NOR SECURED PARTY): Pr	modify, or abbrevia or information in ite SONAL NAME ISTON modify, or abbrevia or information in ite SONAL NAME ORY ISTON Toylde only one Sec	te any part of the Debtor' m 10 of the Financing Sta ADDITIC STATE OR te any part of the Debtor's am 10 of the Financing St ADDITIC W STATE OR sured Party name (3a or 3	s name); if any part of the Indi- atement Addendum (Form UCC NAL NAME(S)/INITIAL(S) POSTAL CODE 97838 s name); if any part of the Indi- atement Addendum (Form UC NAL NAME(S)/INITIAL(S) POSTAL CODE 97838 b)	ridual Debtor's (1Ad) SUFFIX COUNTR US ridual Debtor's C1Ad) SUFFIX COUNTR US
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use e name will not fit in line 1b, leave all of item 1 blank, check here and 1a. ORGANIZATION'S NAME G-2 FARMING, L.L.C. 1b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS 35780 E WALLS RD DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use et name will not fit in line 2b, leave all of item 2 blank, check here and 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME 2b. INDIVIDUAL'S SURNAME 3c. MAILING ADDRESS 35786 E WALLS RD SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGN 3a. ORGANIZATION'S NAME DEERE & COMPANY	FIRST PER CITY HERM xact, full name; do not omit, 4 provide the Individual Debt FIRST PER GREGA CITY HERM NOR SECURED PARTY): Pr	modify, or abbrevia or information in its SONAL NAME ISTON modify, or abbrevia for information in its SONAL NAME ORY ISTON ovide only one Sec SONAL NAME	te any part of the Debtor' m 10 of the Financing Sta ADDITIC STATE OR te any part of the Debtor's om 10 of the Financing St ADDITIC W STATE OR sured Party name (3a or 3 ADDITIC	s name); if any part of the India atement Addendum (Form UCC NAL NAME(S)/INITIAL(S) POSTAL CODE 97838 s name); if any part of the India atement Addendum (Form UC NAL NAME(S)/INITIAL(S) POSTAL CODE 97838 b)	ridual Debtor's (1Ad) SUFFIX COUNTR US ridual Debtor's C1Ad) SUFFIX SUFFIX

together with (1) all attachments, accessories and components, repairs and improvements, (2) all accounts, general intangibles, contract rights and chattel paper relating thereto, and (3) all proceeds, thereto including, without limitation, insurance, sale, lease and rental proceeds, and proceeds of proceeds.

5. Check only if applicable and check only one box: Collar	being administered by a Decedent's Personal Representative				
ба. Check <u>only</u> if applicable and check <u>only</u> one box	-			6b. Check <u>only</u> if applicable and ch	eck <u>only</u> one box:
Public-Finance Transaction Manufa	nce Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility		nitting Utility	Agricultural Lien Non-UCC Filing	
7. ALTERNATIVE DESIGNATION (if applicable):	Lessee/Lessor	Consignee/Consignor	Seller/Buye	r Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:					
OR 3865021 01/17/2019					