



LIEN NO. 92290896

GREEN STAR LAWN CARE

UCC

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141	
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 8817 - ADVANTAGE	
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	75157596 OROR
File with: Secretary of State, OR	

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 Green Star Lawn Care LLC						
OR	1b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1c. MAILING ADDRESS 8920 SE 242nd Ave			CITY Damascus	STATE OR	POSTAL CODE 97089	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 Advantage Leasing Corp.						
OR	3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS 13400 Bishop's Ln., Ste. 250			CITY Brookfield	STATE WI	POSTAL CODE 53005	COUNTRY USA

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

2016 John Deere CT323 with Serial #1T0323EKVGJ300230 and all other items listed on Pape Material Handling, Inc. Sales Order dated 04/09/2020 shall be included in the EFA.

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:
75157596 110532

UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS

18. 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

18a. ORGANIZATION'S NAME
Green Star Lawn Care LLC

OR
18b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

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19. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (19a or 19b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

19a. ORGANIZATION'S NAME

OR
19b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

19c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

20. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (20a or 20b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

20a. ORGANIZATION'S NAME

OR
20b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

20c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

21. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name)

21a. ORGANIZATION'S NAME

OR
21b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

21c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

22. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

22a. ORGANIZATION'S NAME
US Bank National Association

OR
22b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

22c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

777 E. Wisconsin Avenue

Milwaukee

WI

53202

USA

23. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

23a. ORGANIZATION'S NAME

OR
23b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

23c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

24. MISCELLANEOUS: 75157596-OR-0 8817 - ADVANTAGE LEASING CO Advantage Leasing Corp. File with: Secretary of State, OR 110532



SALES ORDER

276048
Init: *SCM*
John Deere

6-1700 E (2/17)

REFERENCE NUMBER

BILL TO		SIC Code		SHIP TO		Name: <u>WILL CALL</u>	
Buyer: <u>Green Star Lawn Care LLC</u>		Address: <u>8920 SE 242nd</u>		City: _____		State: _____ Zip: _____	
City: <u>Damascus</u>		State: <u>OR</u>		Zip: <u>97089</u>		County: _____	
County: <u>Clackamas</u>		Customer No: <u>5215473</u>		Delivery Date (Est.): _____		Customer No: _____	
Ph. No: <u>503 740 D241</u>		Fax No: _____		P.O. NO: _____		_____	
EQUIPMENT		MAKE		MODEL		EQUIP. #	
John Deere		JD323		SER. # <u>1T0323EKNQJ300230</u>		RB16140	
Description: <u>2016 John Deere CT323</u>		<u>064036000</u>					
						\$35,000.00	
Attachments:		Bucket				\$0.00	
		Pallet Forks				\$0.00	
		Bobcat angle broom RB1003A S/N 231318213				\$0.00	
		OREGON CAT RECOVERY				\$136.50	
Del./F.O.B.:		\$		AGREED PRICE \$		\$35,136.50	
TRADE		YEAR		SERIAL #		If Tax Exempt, Provide Certificate of enter Rate Below	
MAKE		MODEL				Sales Tax (%)	
Lienholder:		Trade In Allowance:		Less (Est.) Payoff:		Total Price: \$35,136.50	
Trade In Allowance:		Less (Est.) Payoff:				Net Trade-In < >	
BILL OF SALE: FOR TRADE IN DESCRIBED HEREIN. WE CERTIFY THAT THERE IS NO LIEN, CLAIM, DEBT, MORTGAGE OR ENCUMBRANCE OF ANY KIND, NATURE OR DESCRIPTION AGAINST THIS PROPERTY NOW EXISTING OF RECORD OR OTHERWISE AND THAT SAME IS FREE AND CLEAR AND IS YOUR SOLE AND ABSOLUTE PROPERTY EXCEPT AS NOTED ABOVE.		BUYER'S SIGNATURE: <u>X</u>		Sales Tax (%)		Balance Due: \$35,136.50	
FINANCE		<input type="checkbox"/> FINANCED		<input type="checkbox"/> ON ACCOUNT		<input checked="" type="checkbox"/> CASH/COD	
TERMS (SUBJECT TO APPROVAL):		Paid 4000.00 with check #		INSURANCE		Down Payment: < \$4,000.00 >	
balance wire transferred from Advantage plus Finance		Insurance Agent:		Amount to Finance Net		Doc Fees: 3262.518146	
WARRANTY		<input type="checkbox"/> NEW BASIC (DESCRIBE)		Length of Term (in months)		- 395.00 ALC Doc Fee	
		<input type="checkbox"/> NEW EXTENDED (DESCRIBE)		Est. PMT. w/ins.		Est. PMT. w/o ins.	
		<input checked="" type="checkbox"/> AS IS / NO WARRANTY		<input type="checkbox"/> USED (DESCRIBE)			
Optional Accessories (check one below for each option):		Fire extinguisher		Head lights		Mirrors	
		<input type="checkbox"/> Ordered <input type="checkbox"/> Declined		<input type="checkbox"/> Ordered <input type="checkbox"/> Declined		<input type="checkbox"/> Ordered <input type="checkbox"/> Declined	
		Back-up alarm		Tire lights		Tachometer device	
		<input type="checkbox"/> Ordered <input type="checkbox"/> Declined		<input type="checkbox"/> Ordered <input type="checkbox"/> Declined		<input type="checkbox"/> Ordered <input type="checkbox"/> Declined	
		Stroke light		Turn signals		Blue/Red Light	
		<input type="checkbox"/> Ordered <input type="checkbox"/> Declined		<input type="checkbox"/> Ordered <input type="checkbox"/> Declined		<input type="checkbox"/> Ordered <input type="checkbox"/> Declined	
Other:						<input type="checkbox"/> Ordered <input type="checkbox"/> Declined	
Other:						<input type="checkbox"/> Ordered <input type="checkbox"/> Declined	