FILED: JAN 22, 2021 02:00 PM OREGON SECRETARY OF STATE



	. 1100			VENTLAND, LACI JEAN		
UCC FINANCING STATEMENT	UCC	LIEN NO. 5205023	•	VERTEXIES, EXC. OF III		
FOLLOW INSTRUCTIONS	•					
A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fa	ax: 818-662-4141					
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com	·					
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 20710 - k	(UBOTA CREDIT					
Lien Solutions 785	550726					
P.O. Box 29071	,					
Glendale, CA 91209-9071 OR	OR '					
!						
File with: Secretary of State, OR				OR FILING OFFICE U		
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, name will not fit in line 1b, leave all of item 1 blank, check here and provide name will not fit in line 1b, leave all of item 1 blank, check here.		odify, or abbreviate any part of information in item 10 of the Fir				
1a. ORGANIZATION'S NAME				· · · · · · · · · · · · · · · · · · ·	<u> </u>	
OR AL INDOMEDIANO CHEDIANE		-	- ₁			
OR 1b. INDIVIDUAL'S SURNAME WENTLAND	FIRST PERSONAL N	IAME	JEAN	NAL NAME(S)/INITIAL(S)	SUFFIX	
1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
58207 S BACHELOR FLAT RD	WARREN		OR	97053	USA	
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact		•				
name will not fit in line 2b, leave all of item 2 blank, check here and prov	ride the Individual Debtor	information in item 10 of the Fir	nancing Sta	atement Addendum (Form	UCC1Ad)	
28. ONORWIZATIONS INNIE	,					
OR 2b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
BOURQUE	DERIK		RUS			
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
58207 S BACHELOR FLAT RD 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR S	WARREN BARTYI Browin	do only one Secured Party per	OR	97053	USA	
3a. ORGANIZATION'S NAME	ECONED PAINT). Flow	de only one Secured Farty han	ie (sa oi s			
Kubota Credit Corporation, U.S.A.						
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	FIRST PERSONAL NAME		NAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS	CITY	CITY		POSTAL CODE	COUNTRY	
PO Box 2046	Grapevine		TX	76099	USA	
4. COLLATERAL: This financing statement covers the following collateral: KUBOTA B2601HSD-1 KBUB6BHRCL1J72484 4WD TRA WFPRIDE SGC0554 1621857 CLAW GRAPPLE, 54;	OLDABLE ROPS;KI	JBOTA LA435 B2044 FF	RT LDR \	WGRILL GUARDB-0	1 SER;LAND	
	4					
	•					
_	Trust (see UCC1Ad, item			red by a Decedent's Person	·	
6a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction	n A Debterie e	6b. C Transmitting Utility [if applicable and check on tural Lien Non-UC		
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consigno				ensee/Licensor	

ballee/ballol	Licensee/Licensor		
-			
64302			
	y Lien Solutions, P.O. Box 29071,		

87170106

8. OPTIONAL FILER REFERENCE DATA:

78550726