

		UCC	LIEN NO. 92717109 DWAIN BETHEL & SONS			
UCC FINANCING STATEMENT						
FOLLOW INSTRUCTIONS						
A. NAME & PHONE OF CONTACT AT FILER (optional)						
Nancy Cunningham (503) 363-3136						
B. E-MAIL CONTACT AT FILER (optional)						
ncunningham@pioneertrustbank.com						
C; SEND ACKNOWLEDGMENT TO: (Name and Address)						
Pionogy Truck Don't, N. A.						
Pioneer Trust Bank, N.A. 109 Commercial St. NE	' ;					
Salem, OR 97301						
	_					
[<u> [:]</u>	_]					
1. DEBTOR'S NAME! Provide only one Debter same (4) and (1)		THE ABOV	E SPACE IS FO	R FILING OFFICE USE	ONLY	
1. 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 or 1 blank, check here.	full name; do not omit, i vide the Individual Debte	modify, or abbreviate any	part of the Debto	r's name); if any part of the li	ndividual Debtor's	
1a CRGANIZATION'S NAME	no manual Desig	, anormation in Rem 10 o	r the Financing St	atement Addendum (Form U	CC1Ad)	
Dwain Bethel & Sons Excavation, Inc.						
TE INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		LADDITIO	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX		
	THE PERSONAL PROPERTY.		ADDITIO	NAL NAME(S)INITIAL(S)	SUFFIX	
1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE		
PO Box 504	Turner		OR	97392	COUNTRY	
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			OK -	31332	USA	
name will not fit in line 2b, leave all of item 2 blank, check here and prov	ide the Individual Debtor	information in item 10 of	the Financing St	s name); if any part of the in stement Addendum (Form Ut	dividual Debtor's CC1Ad)	
PR 25 INDIVIDUAL'S SURNAME	FIRST PERSONAL	. NAME	· ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
<u> [i] </u>			SOFFIX			
c. MAIUNG ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
B. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE	CURED BARROL B					
111	PARITY: PROV	ue only one Secured Par	ty name (3a or 3b)		
Pioneer Trust Bank, N.A.						
36 INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIO	AL NAME(S)/INITIAL(S)	SUFFIX	
				-(- <i>)</i>		
C. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY	
109 Commercial St NE, PO Box 2305	Salem	Salem		97308	USA	
. COLLATERAL: This financing statement covers the following collateral:			OR			
2021 Caterpillar 305E2, Serial #0H5M13893; wlacessions, additions, replacements, and subsrelating to any of the foregoing.	hether any of titutions relati	the foregoing ing to any of th	is owned ne foregoir	now or acquired g; all records of	later; all any kind	
. Check only if applicable and check only one box: Collateral is held in a Tru: a. Check only if applicable and check only one box:	st (see UCC1Ad, Item 17			ed by a Decedent's Personal		
				6b. Check only if applicable and check only one box:		
	1	ransmitting Utility	Agricultu		iling	
B. OPITIONAL FILER REFERENCE DATA:	Consignee/Consignor	Seller/Buyer	Baile	es/Bailor Licens	ee/Licensor	
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