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| UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS | UCC | FILED: APR 05, 2021 08:44 AM OREGON SECRETARY OF STATE | | | |
|---|--|---|------------------------------------|---------------|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional) UCC DEPARTMENT 8884278713 | | | | | |
| B. E-MAIL CONTACT AT FILER (optional) | | | | | |
| JDFUCCFilings@JohnDeere.com | | | | | |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) | ···· | | | | |
| JOHN DEERE FINANCIAL 6400 NW 86TH STREET PO BOX 6630 JOHNSTON, IA 50131 | | | | | |
| | 1 | | | | |
| | THE AE | BOVE SPACE IS FO | OR FILING OFFICE USE | ONLY | |
| 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 pro- 1a. ORGANIZATION'S NAME | st, full name; do not omit, modify, or abbreviate ar ovide the Individual Debtor information in item 10 | | | | |
| OR 1b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDITION | AL NAME(S)/INITIAL(S) | SUFFIX | |
| CARTWRIGHT | DEAN | ANDR | ANDREW | | |
| 1c. MAILING ADDRESS | | STATE | | | |
| 44373 SE HIGHWAY 26 | SANDY | OR | 97055 | US | |
| 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact | t, full name; do not omit, modify, or abbreviate an | y part of the Debtor's r | name); if any part of the Individ | lual Debtor's | |
| name will not fit in line 2b, leave all of item 2 blank, check here and pr 2a, ORGANIZATION'S NAME | ovide the Individual Debtor information in item 10 | of the Financing State | ement Addendum (Form UCC | 1Ad) | |
| | FIRST PERSONAL NAME | | | | |
| 20. INDIVIDUAL 3 SURIANIE | FIRST PERSONAL NAME | ADDITION | ADDITIONAL NAME(S)/INITIAL(S) SUFF | | |
| 2c. MAILING ADDRESS | | STATE | POSTAL CODE | COUNTRY | |
| | | | | | |
| 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOI 3a. ORGANIZATION'S NAME DEERE & COMPANY | R SECURED PARTY): Provide only one Secured | Party name (3a or 3b) | 1 | | |
| OR JEFFICE & CONTACT | FIRST PERSONAL NAME | ADDITION | ADDITIONAL NAME(S)/INITIAL(S) | | |
| 3c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY | |
| 6400 NW 86TH ST | JOHNSTON | IA | 50131 | US | |
| 4. COLLATERAL: This financing statement covers the following collateral: | | l | <u>+</u> | | |
| Frontier RC20 RC2072 ROTARY CUTTER S JOHN DEERE 5055 5055E TRACTOR S/N: 1 JOHN DEERE 520M 520M STD FARM LOAD Frontier AP12 AP12F FXDPALTFRK2/3/4/500 together with (1) all attachments, accessories and | 08254 DER S/N: 071781 0LDR S/N: 062548 | rovements (2) | all accounts gener | -21 | |
| intangibles, contract rights and chattel paper rel limitation, insurance, sale, lease and rental proce | ating thereto, and (3) all procee | eds, thereto in | | *** | |

| 5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1 Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative | | | | | | |
|--|------------------------|----------------------|----------------|---|-------------------------|--|
| 6a. Check only if applicable and check only one box: | | | | 6b. Check <u>only</u> if applicable and che | ck <u>only</u> one box: | |
| Public-Finance Transaction Manufact | tured-Home Transaction | A Debtor is a Transm | itting 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 4526937 04/02/2021 | | | | | | |