

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

201	60523008	Ę Ę

Skagit County Auditor

\$74.00

5/23/2016 Page

1 of

210:48AM

A. NAME & PHONE OF CONTACT AT FILER (optional)  Corporation Service Company 1-800-858-5294					
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfc.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
116307233 - 348910					
	1				
Corporation Service Company 801 Adlai Stevenson Drive	ŀ				
	Washington				
	(Skagit)				
		THE ABOVE SPA	ACE IS FOR I	FILING OFFICE USE C	NLY
		dify, or abbreviate any part o formation in item 10 of the F			
1a. ORGANIZATION'S NAME					
10. INDIVIDUAL'S SURNAME FIRST PERSON		ONAL NAME		NAME(S)/INITIAL(S)	SUFFIX
Jensen	Larry		Ray		
1c. MAILING ADDRESS 15356 Produce Lane	⊈ gitγ ∡Mount Verno≀			0811 CODE 08273	COUNTRY
<u></u>	Amount vernor		WA 9	<del></del>	100%
<ol> <li>DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name will not fit in line 2b, leave all of item 2 blank, check here and provide</li> </ol>		fify, or abbreviate any part of formation in item 10 of the F			
2a. ORGANIZATION'S NAME					
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	FIRST PERSONAL MAME		ADDITIONAL NAME(S)/INITIAL(S)	
2c. MAILING ADDRESS	CITY		STATE PO	OSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC	URED PARTY): Pitwids	only one Secured Party par	ne (3a or 3b)		
38. ORGANIZATION'S NAME FARM CREDIT LEASING SER			(00 0. 00)		
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	AME	ADDITIONAL	NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 600 HWY 169 S, SUITE #300	CITY		STATE PO	OSTAL CODE	COUNTRY
	MINNEAPOL	IS (	MN 5	55426	USA
COLLATERAL: This financing statement covers the following collateral: This financing statement is filed for precautionary presented in the control of the control of the control of the coverage of the control of the control of the coverage of the cov	urposes only.	The assets descri	oed in the	collateral descri	ption
above are owned by the Secured Party and are least	sed (or are inte	nded to be leased	I) to the D	ebtor pursuant te	o the terms
and conditions of the applicable lease documents b	•	4	No.	, significant	
lessee thereunder) now in effect or anticipated to be					
such lease to be a true lease and not a lease intend	-	-	J		ioi rogara
1 One (1) Used 2011 BBC Technologies Blueberry	· ·		∩17 🎺 🗸		
2 One (1) Used 2011 Andgar Corp Blueberry Proce		1 314 11 1030, 111		And the second second	
• • • • • • • • • • • • • • • • • • • •	-	1 06000 One (1)	Head 201	14 Labal Nineslaa	Labolar
3 Two (2) Used 2011 Andgar Filler Conveyers SN 4 SN	1100-009 & 41	1-06009, One (1)	usea zu	IN Eaber-Aire inc	rapelet
·	d Callera Dale d	000 CN 4440C00	1		
0327871102, One (1) Used 2011 Andgar Staggered	•				
4 One (1) New 2016 Automation Electric & Controls	23	Berry Line Autom	ation SN	1604003	11/5
5. Check only if applicable and check only one box: Collateral is held in a Trust	t (see UCC1Ad, item 17	and Instructions)bein	g administered	by a Decedent's Personal	Representative
6a, Check only if applicable and check only one box:		6b. (	Check <u>only</u> if ap	pplicable and check only o	ne box:
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Tr	ansmitting Utility	Agricultura	I Lien Non-UCC i	Filing
7. ALTERNATIVE DESIGNATION (if applicable):	Consignee/Consignor	Seller/Buyer	Bailee	/Baitor Licens	see/Ligensor
8. OPTIONAL FILER REFERENCE DATA: LDS :001-0078855-00	00				446207022

116307233

NAME OFFIRST DEBTOR: Same as line 1a or 1b on Financing Stater because Individual Debtor name distinct fit, check here	nent; if line 1b was left blank				
9a. ORGANIZATION'S NAME					
9b. INDIVIDUAL'S SURNAME					
Jensen					
FIRST PERSONAL NAME Larry					
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
Ray		THE ABOV	E SPACE IS	S FOR FILING OFFICE	USE ONLY
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor n		line 1b or 2b of the	Financing St	atement (Form UCC1) (us	e exact, full nam
do not omit, modify, or abbreviate any part of the Debtor's name) and enter	r the mailing address in line 10c				
10b. INDIVIDUAL'S SURNAME		•			
INDIVIDUAL'S FIRST PERSONAL NAME	<del>7/</del>				
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	The state of the s		•		SUFFIX
MAILING ADDRESS			ISTATE	POSTAL CODE	COUNTRY
MALING ADDRESS	GITY		SIAIE	POSTAL CODE	CODIVINI
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITION	NAL NAME(\$)/INITIAL(\$)	SUFFIX
MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
ADDITIONAL SPACE FOR ITEM 4 (Collateral):			1	<u></u> .	
			No.		
This FINANCING STATEMENT is to be filed [for record] (or recorded) REAL ESTATE RECORDS (if applicable)	in the 14. This FINANCING STATE		S. extracted	Obstacial III is Blad so	a fixture filioc
Name and address of a RECORD OWNER of real estate described in item	covers timber to be	cut covers a	as-extracted o	okateral (V) is itled as	a fixture filing
This FINANCING STATEMENT is to be filed [for record] (or recorded) REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate described in item (if Debtor does not have a record interest):  arry Ray Jensen	16 16. Description of real estate PARCEL # P2226	covers a	4		
Name and address of a RECORD OWNER of real estate described in item (if Debtor does not have a record interest):	16 16. Description of real estate PARCEL # P2226 (3.8100 ac) TAX 8	covers a	4		
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