

UCC FINANCING STATEMENT						
FOLLOW INSTRUCTIONS		201608230025				
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294	Sk 8/2	agit County 23/2016 P	Audito age	or 1 of	3 10	\$75.00 : 42AM
B. E-MAIL CONTACT AT FIXER (optional) SPRFilling@cscinfo.com.					- 10	- TEAIVI
C. SEND ACKNOWLEDGMENT TO: (Name and Address)						
120099611 - 348910	$\neg 1$					
Corporation Service Company	']					
801 Adlai Stevenson Drive						
Springfield, IL 62703-4261 Filed In: V	Vashington (Skagit)					
	الست	ABOVE SPAC	CE IS FO	R FILING OF	FICE USE O	NLY
1. DEBTOR'S NAME: Provide only one Debter name (12 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, sheek here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1a. ORGANIZATION'S NAME						
OR 15. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	·-····································	i	NAL NAME(S)/I	NITIAL(S)	SUFFIX
Jensen	Parry		Ray			
1c. MAILING ADDRESS 15356 Produce Lane	l©πγ Mount Vernon		STATE WA	98273	ÞΕ	COUNTRY
2 DEPTOPIS MANE. Contract Polymer Polymer Contract				1		
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)						
28. ORGANIZATION'S NAME						
OR						
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAMĒ(Š)/I	NITIAL(\$)	SUFFIX
2c. MAILING ADDRESS	CITY	*****	STATE	POSTAL COD	ıF	COUNTRY
Ed. MAIENO ABBNESO			JUNIE .	F COTAL COD		COONTRA
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)						
38. ORGANIZATION'S NAME FARM CREDIT LEASING SERVICES CORPORATION						
OR 3b INDIVIDUAL'S SURNAME	ISIOCE DESCONDENIES	_/_	LABBITIO		AUTIAL (C)	Outrie
3D. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	NAL NAME(S)/	NITIAL(S)	SUFFIX
3c. MAILING ADDRESS 600 HWY 169 S, SUITE #300	CITY		STATE	POSTAL COD	E	COUNTRY
00011111 100 0, 00112 11000	MINNEAPOLIS		MN	55426		USA
4. COLLATERAL: This financing statement covers the following collateral:				.		
1 One (1) new 2016 BOHN Cooling System together, with all attachments, components, and accessories, including but						
not limited	T 460V 2DU ON T16E	02745: 05	. (1) D	even e e e e e e e e e e e e e e e e e e	105000	٨
to: One (1) BOHN BLV300M6D CONDENSING UNIT 460V 3PH SN T16F02715; One (1) BOHN BHL 1050DPA EVAPORATOR COIL 460V 3PH SN T16F03659; One (1) BOHN BHL 1050DPA EVAPORATOR COIL 460V 3PH S/N						
T16F03660; One (1) FLOW 240RA12T9M 11/8 ODF LIQUID LINE SOLENOID VALVE MANUAL STEM.						
Paaa64 2a-34-3			«	And the second		
This financing statement is filed for precautionary purposes only. The assets described in the collateral description						
above are owned by the Secured Party and are leased (or are intended to be leased) to the Debtor pursuant to the terms						
and conditions of the applicable lease documents between the Secured Party (as lessor thereunder) and the Debtor (as						
lessee thereunder) now in effect or anticipated to be executed by the parties. The Secured Party and the Debter regard						
such lease to be a true lease and not a lease intende	ed as security.					
	see UCC1Ad, item 17 and Instructi			red by a Deced		
6a. Check <u>only</u> if applicable and check <u>only</u> one box: Public-Finance Transaction Manufactured-Home Transaction	A Dobtor is a Transmitting 11		<u> </u>	f applicable and	i check <u>only</u> on Non-UCC F	- Allender
	A Debtor is a Transmitting U	Seller/Buyer		tural Lien Lilee/Bailor		e/Licensor
8. OPTIONAL FILER REFERENCE DATA: LDS - 001-0078875-00			المال المال			12000064

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UČE FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS 9. 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 9a. ORGANIZATION'S NAME 96. INDIVIDUAL'S SURNAME Jensen FIRST PERSONAL NAME Larry ADDITIONAL NAME(S)/INITIAL(S) SUFFIX Rav THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 10b) only ane additional Debter name or Debter name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debter's name) and enter the mailing address in line 10c 10a. ORGANIZATION'S NAME OR 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY ADDITIONAL SECURED PARTY'S NAME OF ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c MAILING ADDRESS CITY POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14. This FINANCING STATEMENT: REAL ESTATE RECORDS (if applicable) covers timber to be cut covers as-extracted collaboral is filed as a fixture filing 15. Name and address of a RECORD OWNER of real estate described in item 16 Description of real estate: (if Debtor does not have a record interest): 2 One (1) new 2016 Gas Guardian 6 Channel Monitor w/Sensory Larry ray Jensen Units together, with all attachments, components, and accessories, including but not limited to: Five (5) Strobe/hom assemblies part # SHA - 24 -Blue; Two (2) Gas detection system main input board SNs 10300546, #10600736; Seven (7) Gas detection sensor SNs A1115212, A1315645 A1315642, A1315644, P0201341, A1315646, A131564§. 3 Two (2) Used 2013 CH2O Silver Chemical 17. MISCELLANEOUS:

