48225

IMPORTANT - READ INSTRUCTIONS ON BACK BEFORE FILLING OUT FORM - DO NOT DETACH STUB

			↓
		THIS SPACE FOR USE OF	FILING OFFICER
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		4	2 H E
FINANCING STATEMENT — FOLLOW INSTRUCTION Financing Statement is presented for filling pursuant to the Unificand will remain effective, with certain exceptions, for 5 years from A. NAME & TEL. # OF CONTACT AT FILER (optional) DEBBIE LUCAS 252-291-7050	om Commercial Code		CERTIF CERTIF
C. RETURN COPY TO: (Name and Mailing Address)	· · · · · · · · · · · · · · · · · · ·	1	
THE LELY CORPORATION PO BOX 1060 WILSON NC 27894-106			103/30/ 09:24 F
D. OPTIONAL DESIGNATION IN applicable: LESSORAPREE CONS	IONORICOMBIGNEE MON-UCC FILING		
1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one de	estor name (1a or 1b)	<u> </u>	
WestOver T ractor & Equipme	ent INC		
16. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS	спу	STATE COUNTRY	POSTAL CODE
105 08 HWY 280	Harpersville	AL USA	35078
1d. S.S. OR TAX I.D.# OPTIONAL 1e. TYPE OF ENTITY ADD'NL INFO RE ENTITY DEBTOR	1f. ENTITY'S STATE OR COUNTRY OF ORGANIZATION	1g. ENTITY'S ORGAN	IZATIONAL I.D.#, if any NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - inse	ert only one debtor name (2a or 2b)		<u> </u>
2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX	
2c. MAILING ADDRESS	СПҮ	STATE COUNTRY	POSTAL CODE
2d. S.S. OR TAX I.D.# OPTIONAL 2e. TYPE OF ENTITY ADD'NL INFO RE ENTITY DEBTOR	2f.ENTITY'S STATE OR COUNTRY OF ORGANIZATION	2g. ENTITY'S ORGANIZATIONAL I.D.#, if any NONE	
3. SECURED PARTY'S (ORIGINAL S/P or ITS TOTAL ASSIGNED) EXACT FULL LEGAL NAME - insert only o	ne secured party name (3a o	r 3b)
3a, ENTITY'S NAME			
THE LELY CORPORATION OF 36. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX	
3c. MAILING ADDRESS POBOX 1060	' WILSON	STATE COUNTRY NC USA	
ALL NEW AND USED INVENTORY WHICH IS FINANCED, MANUFACT OF ITS DIVISIONS, SUBSIDIARIES NOT LIMITED TO, ALL ATTACHME AND PARTS, ALL CHATTEL PAPE INTANGIBLES, CONTRACT RIGHT NON-CASH PROCEEDS OF ANY H INTERPORT OF 5. CHECK BOX (a) in collateral already subject to a security interest in a debtor's location was changed to this state, or (b) in acc	NOW OWNED OR HEREINAF URED OR SUPPLIED BY THE OR AFFILIATES, WHEREVER NTS, ACCESSORIES, TRADE-I R, INSTRUMENTS, DOCUMEN S AND SECURITY AGREEMEN (IND OF THE FOREGOING. Party instead of the Debtor to perfect a security intenditing this state.)	LOCATED, INCLUDING NS, RETURNS, REPORTS, ACCOUNTS, GENTS, ACCOUNTS, GENTS, AND ALL CASH A stamp to the stamp	NG, BUT OSSESSIONS, NERAL AND Florida (check one) entary entary ax paid
6. REQUIRED SIGNATURE(S)		8. This FINANCING STATE (or recorded) in the REA	MENT is to be filed [for record]
Lany Halina		Attach Addendum	[if applicable] H CERTIFICATE(S) on Debtor(s)
- , , , , , , , , , , , , , , , , , , ,		To the to the second of the	· · · · · · · · · · · · · · · · · · ·

All Debtors Debtor 1 Debtor 2
REORDER FROM

[ADDITIONAL FEE]

(optional)