20230522000150300 05/22/2023 09:45:26 AM UCC1 1/2

## **UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (optional)  CSC 1-800-858-5294					
B. E-MAIL CONTACT AT FILER (optional)					
SPRFiling@cscglobal.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
2560 94356 CSC					
801 Adlai Stevenson Drive					
Springfield, IL 62703	n: Alabama				
	(Shelby)	THE ABOVE	SPACE IS FO	R FILING OFFICE	F USF ONLY
1. DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact, full	name; do not omit, mo				
	the Individual Debtor i	nformation in item 10 of t	the Financing Sta	itement Addendum (	(Form UCC1Ad)
1a. ORGANIZATION'S NAME					
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		AL(S) SUFFIX
SMITH	DONALD		C		
1c. MAILING ADDRESS 555 MOUNTAIN VIEW DRIVE	WILSONVILLE		STATE	35186	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full	name; do not omit, mo	dify, or abbreviate any pa	art of the Debtor	s name); if any part	of the Individual Debtor's
		nformation in item 10 of t			
2a. ORGANIZATION'S NAME					
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIO	AL(S) SUFFIX	
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED)	IRED PARTV): Provid	e only one Secured Parts	/ name (3a or 3h	<u> </u>	
3a. ORGANIZATION'S NAME DIVERSIFIED FINANCIAL SER	•	e only <u>one</u> Secured Party	y Hairie (Sa Oi Sb	,	
OR AL INDIVIDUALIS CUIDNIANAE	TEIDOT DEDOONAL		ADDITIO	NIAL NIANATION/INUTI	AL (C) CHEETY
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAIVIE	ADDITIO	NAL NAME(S)/INITIA	AL(S) SUFFIX
3c. MAILING ADDRESS 14010 FNB PARKWAY STE 400	CITY		STATE	POSTAL CODE	COUNTRY
	OMAHA		NE	68154	USA
4. COLLATERAL: This financing statement covers the following collateral: 1 NEW 2023 MODEL E2065-G/57" REINKE 6-TOWN	ER PIVOT; NE	W 340' OF 2/0	WIRE, 800	)' OF #4 WIF	₹E, 800' OF 6"
PVC PIPE, MISC. VALVES AND FITTINGS					
AMOUNT OF INDEBTNESS: \$109,965.36					
γ πνισσίτι σι πτοσού φ τοσ,σοσίος					
5. Chook ank if applicable and aback ank and bear to the Collection of the Collectio	/ooo 11004 A-1 14-1 45	ond Instructions	ha!==! ' ' '	rad by - D- 1 11	Descend Descend
5. Check only if applicable and check only one box: Collateral is held in a Trust 6a. Check only if applicable and check only one box:	(see UCC1Ad, item 17	· <u> </u>		red by a Decedent's f applicable and che	Personal Representative ck only one box:
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a T	ransmitting Utility			lon-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Consignee/Consignor	Seller/Buyer	r Bai	ilee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: 0193638-002					2560 94356

FILING OFFICE COPY — UCC FINANCING STATEMENT (Form UCC1) (Rev. 04/20/11)

## UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS					
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement because Individual Debtor name did not fit, check here					
9a. ORGANIZATION'S NAME					
9b. INDIVIDUAL'S SURNAME  SMITH					
FIRST PERSONAL NAME  DONALD					
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
C	C			S FOR FILING OFFICE	USE ONLY
10. DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debtor name do not omit, modify, or abbreviate any part of the Debtor's name) and enter the		n line 1b or 2b of the F	inancing S	tatement (Form UCC1) (use	exact, full name
10a. ORGANIZATION'S NAME					
OR 10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					
10c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
11. ADDITIONAL SECURED PARTY'S NAME or ASSIG  11a. ORGANIZATION'S NAME  OR  11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	'S NAME: Provide o		ne (11a or 11b)  NAL NAME(S)/INITIAL(S)	SUFFIX
			7.551110		
11c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):	Filed and Record Official Public R Judge of Probate Clerk Shelby County, A 05/22/2023 09:45 \$204.00 JOANN 20230522000150	e, Shelby County AL 5:26 AM	Alabam	a, County	
13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)			evtracted c	collateral 🖊 is filed as a	fixture filing
15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest): DONALD C SMITH CHERYL C SMITH	16. Description of real estate SW1/4 NE1/4; AL N TO N ROW CO SE1/4 E TO W ROW TO SE COR SEC POB SHELBY CO	SO NW1/4 SE RD #30 & PC OW CO RD #9	E1/4; A B; CO S590	LSO: COM SW C NT N TO NW CO (S) W435.6 S500	OR SE1/4 R SW1/4 E435.6 S
17. MISCELLANEOUS:					