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UCC FINANCING STATEMENT	ı				
FOLLOW INSTRUCTIONS		EUREKA COUN	TY, NV	2022-24	8919
A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294		Rec:\$60.00 \$60.00 Pg	s=2	11/23/2022 10:	
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com				COMPANY (UCC) , CLERK RECORDER	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				\ \	
2444 47482	$\neg 1$				
CSC	1	/		\ \	
801 Adlai Stevenson Drive			The second name of the second	_	
Springfield, IL 62703	ed In: Nevada	The second second			
	(Eureka)		The second name of the second		
PERTORIO				R FILING OFFICE USE	
 DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, f name will not fit in line 1b, leave all of item 1 blank, check here and provi- 	ull name; do not omit, modify de the Individual Debtor infor	- Table			796
	de the marriadal Deptor imor	nation in term to or the	T mancing of	atement Addendam (Form C	OOTAG)
1a. ORGANIZATION'S NAMEHAY STAX WEST			\		N
DR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	E	TADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
		1			- N
c. MAILING ADDRESS P.O. BOX 158	CITY		STATE	POSTAL CODE	COUNTR
6. HIVELING ASSETTED 1 'O' POX 190	EUREKA	/	NV	89316	USA
DEDTORIO MAIS			1		
P. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, f name will not fit in line 2b, leave all of item 2 blank, check here and provided and p	ull name; do not omit, modify de the Individual Debtor infor	76. 25			
2a. ORGANIZATION'S NAME	de the marriadar Bestor unor	mader in term to or the	T manding of	atement //daemaam (r om o	
28. ORGANIZATION S NAME	1				
26. INDIVIDUAL'S SURNAME	TEIDET DE DECONAL MAN		ADDITIO	MAL MAME/CV/INITIAL/CV	SUFFIX
20. INDIVIDUAL S SURNAME	FIRST PERSONAL NAM	- /	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
I.C. WAILING ADDITESS	OTT	1	SIAIL	I OSTAL CODE	COOMIK
OFOURED BARTINO					
B. SECURED PARTY'S NAME (or NAME of ASSIGNEE OF ASSIGNOR SE 3a. ORGANIZATION'S NAME DIVERSIFIED FINANCIAL SE	CURED PARTY): Provide or	lly <u>one</u> Secured Party na	ame (3a or 3b)	
Sa. ONGANIZATION S NAMEDIVERSIFIED FINANCIAL SE	ERVICES, LLC	\			
DR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	IF.	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
SB. INDIVIDUAL S SURVAINE	TINOTI ENGONALIVAN	·-	ADDITIO	IVAE IVANIE(O)/IIVITIAE(O)	30111
c. MAILING ADDRESS 14010 FNB PARKWAY STE 400	CITY		STATE	POSTAL CODE	COUNTRY
WILLIAM STE 400	OMAHA	/	NE	68154	USA
		/			
. COLLATERAL: This financing statement covers the following collateral: NEW 2022 MODEL 8000 VALLEY 7 TOWER PIV	OT 1287 1 NFW	2022 MODEL	8000 VA	ALLEY 7 TOWER	PIVOT
1287'; 1 NEW 2022 MODEL 8000 VALLEY 7 TOW					
PIVOT 1269'					
1701 1200					
/					
\ \ /					
. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is held in a Tru	st (see UCC1Ad, item 17 and	d Instructions) be	ing administe	red by a Decedent's Person	al Represent
a. Check <u>only</u> if applicable and check <u>only</u> one box:		6b.	Check only	if applicable and check <u>only</u>	one box:
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Trans	smitting Utility	Agricul	tural Lien Non-UCC	Filina

Consignee/Consignor

Seller/Buyer

Bailee/Bailor

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

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor

8. OPTIONAL FILER REFERENCE DATA: :0190270-003 CARTER

Licensee/Licensor

UCC 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 **HAY STAX WEST** OR 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor 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 Debtor'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 COUNTRY STATE POSTAL CODE CITY ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 14. This FINANCING STATEMENT: covers timber to be cut covers as-extracted collateral is filed as a fixture filing 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest): CRAIG BENSON AND KATHRYN BENSON SEC 4 T21N R53E, PID 720072, EUREKA County, NV

17. MISCELLANEOUS: