

STATE OF NEBRASKA
COUNTY OF GAGE: ss.
Filed January 29, 2014 at 10:00 o'clock A.M.
under provisions of Nebraska Uniform Commercial
Code. INST. NO. 2014-0276.

2014-0276

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

Queth & Diemel

REGISTER OF DEEDS

Pages 2 Doc Tax \$ _____ EX # _____

Fee Amt \$ 10.50 Ck Pd \$ 10.50

Cash PD \$ _____ Refund \$ _____

Paid by #208 CT LIEN Ck # 5210180

Ck # _____

CUSTOMER CHG CODE _____

RETURN TO #208 CT LIEN SOLUTIONS

(ENVELOPE)

TRACT INDEX
COMPUTER _____
COMPARED _____
PAGED _____

B

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141	
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 14060 - FARM CREDIT	
CT Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	41309855 NENE FIXTURE

File with: Gage County Register of Deeds, NE

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a 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, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME				
OR				
1b. INDIVIDUAL'S SURNAME Buel	FIRST PERSONAL NAME Todd	ADDITIONAL NAME(S)/INITIAL(S) L	SUFFIX	
1c. MAILING ADDRESS 18301 S 12th St	CITY Roca	STATE NE	POSTAL CODE 68430	COUNTRY USA

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)

2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME FARM CREDIT SERVICES OF AMERICA, PCA				
OR				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS PO BOX 2409	CITY Omaha	STATE NE	POSTAL CODE 68103	COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:
Reinke E2065 Center Pivot 1213-59285-2065

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

41309855

267

2014-0276

153182554

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	
OR	
9b. INDIVIDUAL'S SURNAME	
Buel	
FIRST PERSONAL NAME	
Todd	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
L	

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	CITY	STATE	POSTAL CODE	COUNTRY

11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME				
Roehrs Machinery Inc				
OR				
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1512 N 6th St, PO Box 189	Beatrice	NE	68310	USA

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 (if Debtor does not have a record interest):

Todd L Buel, Trustee of the Buel Family Irrevocable Trust

16. Description of real estate:

Reinke E2065 Center Pivot 1213-59285-2065
NE1/4 18-6N-6E
Gage County, NE
Real Estate Owner: Todd L Buel
Parcel ID 002754000