
## **UCC FINANCING STATEMENT**

1c. MAILING ADDRESS 185 South State Street, Suite 800  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 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) SURNAME  CITY STATE POSTAL CODE					_			LLOWINSTRUCTIONS
B. E-MAIL CONTACT AT FILER (optional)   Cache County,   Cache County,   STANLEY LANDE HUNTER   Date: 10-Har-2017 02:10 P   Cache County,   Michael Gleed, Rec Fil   JoAnn Conrad, Legal Assistant     Stanley, Lande & Hunter, a Professional Corporation     201 West Second Street, Suite 1000     Davenport, IA 52801	1942 Po 3	1 4 7 7 4 5 Rb	1	Ent				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  JoAnn Conrad, Legal Assistant Stanley, Lande & Hunter, a Professional Corporation 201 West Second Street, Suite 1000 Davenport, IA 52801  THE ABOVE SPACE IS FOR FILING OFFICE USE ONL 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 UCC1Addraname 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 UCC1Addraname 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 UCC1Addraname 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 UCC1Addraname 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 UCC1Addraname 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 UCC1Addraname 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 UCC1Addraname 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 UCC1Addraname 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 UCC1Addraname 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 UCC1Addraname will not fit in line 2b, leave all of item 2 blank,								<u> </u>
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JOANN Conrad, Legal Assistant Stanley, Lande & Hunter, a Professional Corporation 201 West Second Street, Suite 1000 Davenport, IA 52801  THE ABOVE SPACE IS FOR FILING OFFICE USE ONL  1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name, do not ornit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual 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 UCC1Adderik, Inc.)  1a. ORGANIZATION'S NAME Maverik, Inc.  1b. INDIVIDUAL'S SURNAME  C. MAILING ADDRESS  85 South State Street, Suite 800  2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name, do not ornit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual 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 UCC1Adderia)  2a. ORGANIZATION'S NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  State POSTAL CODE  Company of the Debtor's name); if any part of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Adderia)  2b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  State POSTAL CODE  Company of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Adderia)  Company of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Adderia)  Company of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Adderia)  Company of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Adderia)  Company of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Adderia)  Company of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Adderia)  Compa								
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Stanley, Lande & Hunter, a Professional Corporation 201 West Second Street, Suite 1000 Davenport, IA 52801  THE ABOVE SPACE IS FOR FILING OFFICE USE ONL  IDEBTOR'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 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 Maverik, Inc.  In INDIVIDUAL'S SURNAME  C. MAILING ADDRESS  85 South State Street, Suite 800  C. MAILING ADDRESS  85 South State Street, Suite 800  C. 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 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  The ABOVE SPACE IS FOR FILING OFFICE USE ONL.  In Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad 2a. ORGANIZATION'S NAME  The ABOVE SPACE IS FOR FILING OFFICE USE ONL.  In Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad 2a. ORGANIZATION'S NAME  The ABOVE SPACE IS FOR FILING OFFICE USE ONL.  In Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad 2a. ORGANIZATION'S NAME  The ABOVE SPACE IS FOR FILING OFFICE USE ONL.  STATE POSTAL CODE CO.  The ABOVE SPACE IS FOR FILING OFFICE USE ONL.  STATE POSTAL CODE CO.  The ABOVE SPACE IS FOR FILING OFFICE USE ONL.  The ABOVE SPACE IS FOR FILING OFFICE USE ONL.  The ABOVE SPACE IS FOR FILING OFFICE USE ONL.  The ABOVE SPACE IS FOR FILING OFFICE USE ONL.  The ABOVE SPACE IS FOR FILING OFFICE USE ONL.  The ABOVE SPACE IS FOR FILING OFFICE USE ONL.  The ABOVE SPACE IS FOR FILING OFFICE USE ONL.  The ABOVE SPACE IS FOR FILING OFFICE USE ONL.  The AB	R	IANLEY LANDE HUNT	51	for		$\neg$ $\vdash$	ssistant	JoAnn Conrad, Legal
201 West Second Street, Suite 1000 Davenport, IA 52801  THE ABOVE SPACE IS FOR FILING OFFICE USE ONL  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 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 Ia. ORGANIZATION'S NAME  Maverik, Inc.  The ABOVE SPACE IS FOR FILING OFFICE USE ONL  1a. ORGANIZATION'S NAME  Maverik, Inc.  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)INITIAL(S)  SI  ADDITIONAL NAME(S)INITIAL(S)  SI  BEBTOR'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 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  DEBTOR'S NAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SI  ADDITIONAL NAME(S)/INITIAL(S)  SI  ADDITIONAL NAME(S)/INITIAL(S)  SI  ADDITIONAL NAME(S)/INITIAL(S)  SI  ABILING ADDRESS  CITY  STATE POSTAL CODE  CO  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						' <b>j</b>	r, a Professional Corporation	Stanley, Lande & Hun
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C. MAILING ADDRESS  CITY  STATE POSTAL CODE  CX  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								name will not fit in line 2b, leave a  2a. ORGANIZATION'S NAME
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			)	(3a or 3b)	ide only <u>one Secured</u> Party name	URED PARTY): Provid	(or NAME of ASSIGNEE of ASSIGNOR SE	3a. ORGANIZATION'S NAME CAT Scale Company
R 36. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) SI	SUFFIX	AL NAME(S)/INITIAL(S)	ONA	ADDITIO	L NAME	FIRST PERSONAL		3b. INDIVIDUAL'S SURNAME
MAILING ADDRESS CITY STATE POSTAL CODE CO	1		Ιp	STATE		CITY		MAILING ADDRESS
O. Box 630   Walcott   IA   52773   U	COUNTRY	POSTAL CODE	- 1					
COLLATERAL: This financing statement covers the following collateral:	COUNTRY		1	IA		Walcott		O. Box 630

automated truck scales and other equipment related to CAT Scale Company, which have been installed on the described real estate.

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:	6b. Check only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buy	yer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	
Logan, UT; Scale No. 1897 [D2363-35]	
FILING OFFICE CORV. HOG FINANCING OTATEMENT (F HOGA) (P 04/00/44)	INFO PROS

## **UCC FINANCING STATEMENT ADDENDUM**

	9a. ORGANIZATION'S NAME  Maverik, Inc.				Ent :	1167765 Bk	<b>1942</b> Pg
2	9b. INDIVIDUAL'S SURNAME						
FIRST PERSONAL NAME			_				
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	THE ABOVE	SPACE	IS FOR FILING OFFICE	USE ONLY
	DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or do not omit, modify, or abbreviate any part of the Debtor's name) and enter the m			line 1b or 2b of the Fir	nancing St	atement (Form UCC1) (use	exact, full name;
I	10a. ORGANIZATION'S NAME						
?	10b. INDIVIDUAL'S SURNAME						
	INDIVIDUAL'S FIRST PERSONAL NAME						
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
:.	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
	ADDITIONAL SECURED PARTY'S NAME or ASSIGN	OR SECU	RED PARTY	S NAME: Provide o	nly <u>one</u> na	me (11a or 11b)	
	11b. INDIVIDUAL'S SÜRNAME	FIRST PER	SONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
	MAILING ADDRESS	CITY	**		STATE	POSTAL CODE	COUNTRY
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	ADDITIONAL SPACE FOR ITEM 4 (Collateral):	<u>.l</u>					
	ADDITIONAL SPACE FOR ITEM 4 (Collateral):						
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	▼ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	14. This FIN	IANCING STATE	MENT:			
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