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) 1637 78047 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Utah (Cache)	ADDITION RAYN STATE UT urt of the Debtor' ne Financing Sta	NAL NAME(S)/INITIAL(S) MOND POSTAL CODE 84304 's name); if any part of the I	ONLY Individual Debtor's JCC1Ad) SUFFIX COUNTRY USA Individual Debtor's JCC1Ad)
SPRFilling@cscglobal.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 1637 78047 CSC 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Utah (Cache) THE ABOVE 1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any properties of the individual Debtor information in item 10 of to 1a. ORGANIZATION'S NAME OR 1b. INDIVIDUAL'S SURNAME WICKHAM 1c. MAILING ADDRESS 5659 NORTH 7000 WEST CITY CACHE JUNCTION 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any properties of the individual Debtor information in item 10 of to 1a. ORGANIZATION'S NAME Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any properties of the individual Debtor information in item 10 of to 1a. ORGANIZATION'S NAME 2a. ORGANIZATION'S NAME WICKHAM FIRST PERSONAL NAME RAYMOND 2b. INDIVIDUAL'S SURNAME WICKHAM SPENCER CITY CACHE JUNCTION 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party Gache Graph Cache Brigst Personal NAME RAYMOND CITY CACHE JUNCTION 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME	ADDITION ADDITION ADDITION ADDITION ADDITION ADDITION ADDITION ADDITION ADDITION	's name); if any part of the I atement Addendum (Form L NAL NAME(S)/INITIAL(S) MOND POSTAL CODE 84304 's name); if any part of the I atement Addendum (Form L	SUFFIX COUNTRY USA Individual Debtor's
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3c. MAILING ADDRESS 14010 FNB PARKWAY STE 400 CITY OMAHA	·		
3c. MAILING ADDRESS 14010 FNB PARKWAY STE 400 OMAHA	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
OMAHA	ADDITIO	NAL NAME(S)/INTTAL(S)	SUFFIX
4. COLLATERAL: This financing statement covers the following collateral: 1 USED 2008 MODEL 9500 ZIMMATIC 7-TOWER PIVOT:1 USED 2007 MODEL	STATE NE	POSTAL CODE 68154	COUNTRY
TOTAL DOGS MICE COOK ENVIRONT TO WELLT TO THE TOTAL POLICY TO THE	9500 ZIM	IMATIC 6-TOWE	R PIVOT
5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)			

A Debtor is a Transmitting Utility

Seller/Buyer

Consignee/Consignor

Non-UCC Filing

Licensee/Licensor

1637 78047

Agricultural Lien

Bailee/Bailor

8. OPTIONAL FILER REFERENCE DATA: :209702-001 VALLEY

Manufactured-Home Transaction

Lessee/Lessor

Public-Finance Transaction

7. ALTERNATIVE DESIGNATION (if applicable):

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financia because Individual Debtor name did not fit, check here	ng Statement; if line 1b was left	t blank			
9a. ORGANIZATION'S NAME					
9b. INDIVIDUAL'S SURNAME WICKHAM					
FIRST PERSONAL NAME SPENCER					
ADDITIONAL NAME(S)/INITIAL(S) RAYMOND		SUFFIX T	HE ABOVE SPACE	IS FOR FILING OFFICE	USE ONLY
DEBTOR'S NAME: Provide (10a or 10b) only one additional do not omit, modify, or abbreviate any part of the Debtor's name)			or 2b of the Financing S	Statement (Form UCC1) (use	exact, full name
10a. ORGANIZATION'S NAME					
10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
Dc. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
I. ADDITIONAL SECURED PARTY'S NAME or [11a. ORGANIZATION'S NAME	ASSIGNOR SECUR	ED PARTY'S NAM	1 E: Provide only <u>one</u> na	ame (11a or 11b)	
	ASSIGNOR SECUR			ame (11a or 11b) NAL NAME(S)/INITIAL(S)	SUFFIX
11a. ORGANIZATION'S NAME					SUFFIX
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11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME 2. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 3. IT This FINANCING STATEMENT is to be filed [for record] (or record). 5. Name and address of a RECORD OWNER of real estate described.	FIRST PERSO CITY CITY d in item 16 14. This FINA cove 16. Description #13-044	NCING STATEMENT: rs timber to be cut on of real estate: -0001 & #13-04	STATE covers as-extracted at the state of t	POSTAL CODE Collateral is filed as a	fixture filing V,
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17. MISCELLANEOUS: