UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS
A. NAME & PHONE OF CONTACT AT FILER [optional]

Corporation Service Company

B. E-MAIL CONTACT AT FILER (optional) filingdept@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Corporation Service Company 801 Adlai Stevenson Drive Springfield , IL 62703

File Number: 1607227411869 Date Filed: 7/22/2016 1:33 PM Jason Kander Secretary of State

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Page 1 of 2

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 the 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)

(800) 927-9801

	1a. ORGANIZATION'S NAME WIZARD LAWN & LANDSCAPE, L.L.C.							
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	DNAL NAME(S)/INITIALS	SUFFIX			
	MAILING ADDRESS 06 N WATER ST	CITY CLINTON	STATE MO	POSTAL CODE 64735	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 the 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	ADDITIC	NAL NAME(S)/INITIALS	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)

OR	3a. ORGANIZATION'S NAME Western Equipment Finance, Inc.							
OK	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX			
30	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY			
P.(O. Box 640	Devils Lake	ND	58301	USA			

4. COLLATERAL: This financing statement covers the following collateral:

THE FOLLOWING EQUIPMENT OR INVENTORY: 1 TORO TX1000 DINGO WIDE TRACK 1 TX 1000 STANDARD BUCKET

5. Check only if applicable and only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instruction	ns)being administered by a Decedent's Personal Representative
6a. Check <u>only</u> if applicable and only one box:	6b. Check only if applicable and 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	er Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA	
:40241556 119051776	

Page 2 of 2

UCC FINANCING STATEMENT ADDENDUM

	ecause individual Debtor name did not fit, check						
	9a. ORGANIZATION'S NAME WIZARD LAWN & LANDSCAPE, L.L.C.						
	9b. INDIVIDUAL'S SURNAME						
	FIRST PERSONAL NAME						
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX				
)	. DEBTOR'S NAME -Provide (10a or 10b) only <u>one</u> additional Debtor name or De do not omit, modify, or abbreviate any part of the Debtor's name) and enter the ma			or 2b of the Finana	icing Statemer	nt (Form UCC1) (use exact,	full name;
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	10b. INDIVIDUAL'S SURNAME						
	INDIVIDUAL'S FIRST PERSONAL NAME						
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
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	11b. INDIVIDUAL'S SURNAME	FIRST	PERSONAL NAME			_NAME(S)/INITIAL(S)	SUFFIX
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UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 08/28/2013)

Corporation Service Company 1-800-858-5294 B. E-MAIL CONTACT AT FILLER (optional) SPRFIIIng@cscinfb.com C: SEND ACKNOWLEDGMENT TO: (Name and Address)	ORI-08032016-2931 State of Missouri No of Pages 1 Page	IT		Date File	ber: 16080 ed: 8/3/201 lason Kand cretary of S	6 8:00 A der
B. E. MAIL CONTACT AF FILER (optional) SPRFIIIng@cscinfo.com SPRFIIIng@cscinfo.com SPRFIIIng@cscinfo.com SPRFIIIng@cscinfo.com SPRFIIIng@cscinfo.com SPRFIIIng@cscinfo.com Service Company 801 Addia Service Company 801 Addia Serv	A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-52	94	1			
C. SEND ACKNOWLEDGMENT TO: (Name and Address) T19456773 - 371540 Corporation Service Company S01 Adial Stevenson Drive Springfield, IL 62703 Filed In: Missouri (S.O.S.) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY a. INTIAL FINANCINS STATEMENT FILE NUMBER (SOT227411869 07/22/2016 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement ASSIGNMENT (full or partial). Provide name of Assignee in item 7 and 1 and 7 and 7 and 1 and 1 and	B. E-MAIL CONTACT AT FILER (optional)		1			
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indicate collateral:	This Change affects Debtor or Secured Party of record CURRENT RECORD INFORMATION: Complete for Party Informatio 6a. ORGANIZATION'S NAMEWareham Enterprises, LLC 6b. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignment or Party 7a. ORGANIZATION'S NAMEWareham Enterprises, LLC 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	FIRST PERSON	ddress: Complete a or 7b <u>and</u> item 7c	ADDITI	7cto be deleted in ONAL NAME(S)/INITIAL(S) omit, modify, or abbreviate any part	SUFFIX of the Debtor's name) SUFFIX COUNTRY
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	This Change affects Debtor or Secured Party of record CURRENT RECORD INFORMATION: Complete for Party Informatio 6a. ORGANIZATION'S NAMEWareham Enterprises, LLC 6b. INDIVIDUAL'S SURNAME 7c. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party 7a. ORGANIZATION'S NAMEWareham Enterprises, LLC 0R 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) c. MAILING ADDRESS 1606 N WATER ST	In Change - provide only g	ddress: Complete a or 7b <u>and</u> item 7c	ADDITI ADDITI exact, full name; do not STATE	7cto be deleted in ONAL NAME(S)/INITIAL(S) omit, modify, or abbreviate any part omit, modify. Or abbreviate any part POSTAL CODE 64735	SUFFIX of the Debtor's name) SUFFIX COUNTRY USA
	This Change affects Debtor or Secured Party of record CURRENT RECORD INFORMATION: Complete for Party Informatio 6a. ORGANIZATION'S NAMEWareham Enterprises, LLC 8b. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignment or Party 7a. ORGANIZATION'S NAMEWareham Enterprises, LLC 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS 1606 N WATER ST COLLATERAL CHANGE: Also check one of these four boxes:	In Change - provide only g	ddress: Complete a or 7b <u>and</u> item 7c	ADDITI ADDITI exact, full name; do not STATE	7cto be deleted in ONAL NAME(S)/INITIAL(S) omit, modify, or abbreviate any part omit, modify. Or abbreviate any part POSTAL CODE 64735	SUFFIX of the Debtor's name) SUFFIX COUNTRY USA
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	This Change affects Debtor or Secured Party of record CURRENT RECORD INFORMATION: Complete for Party Informatio 6a. ORGANIZATION'S NAMEWareham Enterprises, LLC 8b. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignment or Party 7a. ORGANIZATION'S NAMEWareham Enterprises, LLC 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS 1606 N WATER ST COLLATERAL CHANGE: Also check one of these four boxes:	In Change - provide only g	ddress: Complete a or 7b <u>and</u> item 7c	ADDITI ADDITI exact, full name; do not STATE	7cto be deleted in ONAL NAME(S)/INITIAL(S) omit, modify, or abbreviate any part omit, modify. Or abbreviate any part POSTAL CODE 64735	SUFFIX of the Debtor's name) SUFFIX COUNTRY USA
	This Change affects Debtor or Secured Party of record CURRENT RECORD INFORMATION: Complete for Party Informatio 6a. ORGANIZATION'S NAMEWareham Enterprises, LLC R 6b. INDIVIDUAL'S SURNAME • CHANGED OR ADDED INFORMATION: Complete for Assignment or Party 7a. ORGANIZATION'S NAMEWareham Enterprises, LLC R 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) c. MAILING ADDRESS 1606 N WATER ST COLLATERAL CHANGE: Also check one of these four boxes:	In Change - provide only g	ddress: Complete a or 7b <u>and</u> item 7c	ADDITI ADDITI exact, full name; do not STATE	7cto be deleted in ONAL NAME(S)/INITIAL(S) omit, modify, or abbreviate any part omit, modify. Or abbreviate any part POSTAL CODE 64735	SUFFIX of the Debtor's name) SUFFIX COUNTRY USA
	This Change affects Debtor or Secured Party of record CURRENT RECORD INFORMATION: Complete for Party Informatio 6a. ORGANIZATION'S NAMEWareham Enterprises, LLC R 6b. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignment or Party 7a. ORGANIZATION'S NAMEWareham Enterprises, LLC R 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS 1606 N WATER ST COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: NAME OF SECURED PARTY OF RECORD AUTHORIZING THE	In Change - provide only g	ddress: Complete a or 7b and item 7c	ADDITI	7c to be deleted in 7c to be deleted in 0NAL NAME(S)/INITIAL(S) omit, modify, or abbreviate any part omit, modify, or abbreviate any part POSTAL CODE 64735 covered collateral	SUFFIX of the Debtor's name) SUFFIX COUNTRY USA ASSIGN collateral
If this is an Amendment authorized by a DEBTOR, check here in and provide name of authorizing Debtor	This Change affects Debtor or Secured Party of record CURRENT RECORD INFORMATION: Complete for Party Informatio 6a. ORGANIZATION'S NAMEWareham Enterprises, LLC R 6b. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignment or Party 7a. ORGANIZATION'S NAMEWareham Enterprises, LLC R 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS 1606 N WATER ST COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral:	In Change - provide only g	ddress: Complete a or 7b and item 7c	ADDITI	7c to be deleted in 7c to be deleted in 0NAL NAME(S)/INITIAL(S) omit, modify, or abbreviate any part omit, modify, or abbreviate any part POSTAL CODE 64735 covered collateral	SUFFIX of the Debtor's name) SUFFIX COUNTRY USA ASSIGN collateral
9a. ORGANIZATION'S NAME Western Equipment Finance, Inc.	This Change affects Debtor or Secured Party of record CURRENT RECORD INFORMATION: Complete for Party Informatio 6a. ORGANIZATION'S NAMEWareham Enterprises, LLC R 6b. INDIVIDUAL'S SURNAME • CHANGED OR ADDED INFORMATION: Complete for Assignment or Party 7a. ORGANIZATION'S NAMEWareham Enterprises, LLC R • DIVIDUAL'S SURNAME • INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) • MAILING ADDRESS 1606 N WATER ST • COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: • Indicate collateral: • NAME OF SECURED PARTY OF RECORD AUTHORIZING TH If this is an Amendment authorized by a DEBTOR, check here in and pr 9a. ORGANIZATION'S NAMEWestern Equipment Finance	In Change - provide only g	ddress: Complete a or 7b and item 7c	ADDITI	7c to be deleted in 7c to be deleted in 0NAL NAME(S)/INITIAL(S) omit, modify, or abbreviate any part omit, modify, or abbreviate any part POSTAL CODE 64735 covered collateral	SUFFIX of the Debtor's name) SUFFIX COUNTRY USA ASSIGN collateral
If this is an Amendment authorized by a DEBTOR, check here in and provide name of authorizing Debtor	This Change affects Debtor or Secured Party of record CURRENT RECORD INFORMATION: Complete for Party Informatio 6a. ORGANIZATION'S NAMEWareham Enterprises, LLC 6b. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignment or Party 7a. ORGANIZATION'S NAMEWareham Enterprises, LLC 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS 1606 N WATER ST COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: NAME OF SECURED PARTY OF RECORD AUTHORIZING TH If this is an Amendment authorized by a DEBTOR, check here and pr 9a. ORGANIZATION'S NAMEWestern Equipment Finance	In Change - provide only g	ddress: Complete a or 7b <u>and</u> item 7c <u>one</u> name (6a or 6b) AL NAME inly <u>one</u> name (7a or 7b) (use DELETE collateral DELETE collateral	ADDITI ADDITI exact, full name; do not state MO RESTATE	7c to be deleted in 7c to be deleted in 0NAL NAME(S)/INITIAL(S) omit, modify, or abbreviate any part omit, modify, or abbreviate any part POSTAL CODE 64735 covered collateral ssignor, if this is an Assignm	SUFFIX of the Debtor's name) SUFFIX COUNTRY USA ASSIGN collateral enent)
If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing Debtor 9a. ORGANIZATION'S NAME Western Equipment Finance, Inc.	This Change affects Debtor or Secured Party of record CURRENT RECORD INFORMATION: Complete for Party Informatio 6a. ORGANIZATION'S NAMEWareham Enterprises, LLC 8b. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignment or Party 7a. ORGANIZATION'S NAMEWareham Enterprises, LLC 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) Statistic Additional NAME (S)/INITIAL(S) COLLATERAL CHANGE: Also check one of these four boxes: Indicate collateral: NAME OF SECURED PARTY OF RECORD AUTHORIZING TH If this is an Amendment authorized by a DEBTOR, check here is and pr 9b. INDIVIDUAL'S SURNAME	In Change - provide only g	ddress: Complete a or 7b and item 7c	ADDITI ADDITI exact, full name; do not state MO RESTATE	7c to be deleted in 7c to be deleted in 0NAL NAME(S)/INITIAL(S) omit, modify, or abbreviate any part omit, modify, or abbreviate any part POSTAL CODE 64735 covered collateral ssignor, if this is an Assignm	SUFFIX of the Debtor's name) SUFFIX COUNTRY USA ASSIGN collateral

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS
A. NAME & PHONE OF CONTACT AT FILER [optional]

Corporation Service Company

B. E-MAIL CONTACT AT FILER (optional) filingdept@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703

File Number: 1905142987313 Date Filed: 5/14/2019 3:02 PM John R. Ashcroft Secretary of State

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Page 1 of 2

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 the 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)

(800) 927-9801

OR	1a. ORGANIZATION'S NAME WAREHAM ENTERPRISES, LLC								
UR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	SUFFIX					
	MAILING ADDRESS 06 N WATER	CITY CLINTON	STATE MO	POSTAL CODE 64735	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 the 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									
UN	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIALS		SUFFIX				
				1					
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 Wells Fargo Vendor Financial Services, LLC							
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX			
	MAILING ADDRESS	CITY Billings	STATE MT	POSTAL CODE 59107	COUNTRY USA			

4. COLLATERAL: This financing statement covers the following collateral:

This Financing Statement covers the equipment and other assets described below and/or on any annex, schedule and/or

exhibit hereto (which is to be considered an integral part thereof), plus all existing and future replacements,

exchanges and substitutions therefor, attachments, accessories, accessions and additions thereto, and insurance, lease, sublease and other proceeds

thereof

5. Check only if applicable and only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative 6a. Checkonly if applicable and only one box: 6b. Check only if applicable and 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/Buyer Bailee/Bailor Licensee/Licensor 8. OPTIONAL FILER REFERENCE DATA Indirect - 9845594003 - 2-7347436010 163955370

UCC FINANCING STATEMENT (FORM UCC1) (REV. 08/28/2013)

Page 2 of 2

UCC FINANCING STATEMENT ADDENDUM

NAME OF FIRST DEBTOR: Same as line 1a or 1b on because individual Debtor name did not fit, check	financing Statement; if line	e 1b was left blank				
WAREHAM ENTERPRISES, LLC						
9b. INDIVIDUAL'S SURNAME						
FIRST PERSONAL NAME						
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	THE ABOVE \$	SPACE IS F	OR FILING OFFICE U	
O. DEBTOR'S NAME -Provide (10a or 10b) only one additic do not omit, modify, or abbreviate any part of the Debtor's n			or 2b of the Finanac	oing Statemer	it (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
L DC. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
ADDITIONAL SECURED PARTY'S NAME		SECURED PARTY'S N	IAME: Provide or	nly <u>one</u> nam	e (11a or 11b)	
11a. ORGANIZATION'S NAME						
11b. INDIVIDUAL'S SURNAME	FIRS	T PERSONAL NAME		ADDITIONAL	.NAME(S)/INITIAL(S)	SUFFIX
L 10. MAILING ADDRESS	CITY	,		STATE	POSTAL CODE	COUNTRY
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral): cquipment: BOBCAT MINI EXCAVATOR - COMPACT MO	DEL #E26 S/N B3JE15	5243				
This FINANCING STATEMENT is to be filed [for record REAL ESTATE RECORDS (if applicable)] (or recorded) in the 14. Ti	his FINANCING STATEMEN		-extracted col	lateral 📄 is filed as a	a fixture filing.
 Name and address of a RECORD OWNER of real estate des (if Debtor does not have a record interest); 	cribed in item 16 16.	Description of real estat	e:			

UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 08/28/2013)

	File Number202008310000847276Date Filed08/31/2020
UCC FINANCING STATEMENT	John R. Ashcroft Secretary of State
A. NAME & PHONE OF CONTACT AT FILER (optional)	
Corporation Service Company 18008585294	
B. E-MAIL CONTACT AT FILER (optional)	
SPRFiling@cscglobal.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
Corporation Service Company	
801 Adlai Stevenson Dr Springfield IL United States 62703	FOLLOW INSTRUCTIONS THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1.1 DEBTOR'S NAME: Provide only <u>one</u> 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								
	Wareham Enterprises, LLC								
OR	1b. INDIVIDUAL'S SURNAME	ADDITIONAL NAME	SUFFIX						
1c. MAILING	ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY				
1606 N WATER		CLINTON	MO	64735	United States				

3.1 SECURED PARTY'S NAME: Assignor

	1a. ORGANIZATION'S NAME								
OR	Wells Fargo Vendor Financial Services, LLC								
	1b. INDIVIDUAL'S SURNAME	1c. FIRST PERSONAL NAME	ADDITIONAL NA	ADDITIONAL NAME(S)/INITIALS					
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY				
PO Box 35701		Billings	МТ	59107	United States				

4. Collateral: This financing statement covers the following collateral:

This Financing Statement covers the equipment and other assets described below and/or on any annex, schedule and/or exhibit hereto (which is to be considered an integral part hereof), plus all existing and future replacements, exchanges and substitutions therefor, attachments, accessories, accessions and additions thereto, and insurance, lease, sublease and other proceeds thereof.

Equipment: 1 Bobcat T66 R Series S/N B4SB11965

5. Check only if applicable and check only one box: held in trust (See UCC1Ac item 17 and instructions)	d,	 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 TransactionManufactured-Home TransactionA debtor is a transmitting utility		Agricultural Lien Non-UCC Filing					
7. ALTERNATIVE Lessee/Lessor Consignee/Consignor] 8	Seller/Buyer Dailee/Bailor Licensee / Licensor					
8. OPTIONAL FILER REFERENCE DATA							
450-9845594-004 1977 62247							

	File Number202009280001053241Date Filed09/28/2020
UCC FINANCING STATEMENT	John R. Ashcroft Secretary of State
A. NAME & PHONE OF CONTACT AT FILER (optional)	
Corporation Service Company 18008585294	
B. E-MAIL CONTACT AT FILER (optional)	
SPRFiling@cscglobal.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	
Corporation Service Company	
801 Adlai Stevenson Dr Springfield IL United States 62703	FOLLOW INSTRUCTIONS THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1.1 DEBTOR'S NAME: Provide only <u>one</u> 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									
	Wareham Enterprises, LLC									
OR	1b. INDIVIDUAL'S SURNAME	1c. FIRST PERSONAL NAME	ADDITIONAL NAME	ADDITIONAL NAME(S)/INITIALS						
1c. MAILING	ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY					
1606 N WATER		Clinton	МО	64735	United States					

3.1 SECURED PARTY'S NAME: Assignor

	1a. ORGANIZATION'S NAME								
OR	Wells Fargo Vendor Financial Services, LLC								
	1b. INDIVIDUAL'S SURNAME	1c. FIRST PERSONAL NAME	ADDITIONAL NA	ADDITIONAL NAME(S)/INITIALS					
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY				
PO Box 35701		Billings	МТ	59107	United States				

4. Collateral: This financing statement covers the following collateral:

This Financing Statement covers the equipment and other assets described below and/or on any annex, schedule and/or exhibit hereto (which is to be considered an integral part thereof), plus all existing and future replacements, exchanges and substitutions therefor, attachments, accessories, accessions and additions thereto, and insurance, lease, sublease and other proceeds thereof.

Equipment: 1 BOBCAT MINI EXCAVATOR - COMPACT MODEL #E20 S/N B3BL17729

5. Check only if applicable and Collateral is	check only one box:		held in trust (See UCC1 item 17 and instructions				dministere entative	ed by a d	eced	ent's Personal
6a. Check only if applicable and check only one box:						b. Check only if applicable and check only one box:				
Public-Finance Transaction	Manufactured-Hom Transaction	ie	A debtor is a transmitting utili	ty		Agricult	ural Lien			Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable)	Lessee/Lessor		Consignee/Consignor		Selle	r/Buyer	🔲 Baile	e/Bailor		Licensee / Licensor
8. OPTIONAL FILER REFERENCE DATA										
450-9845594-005 1995 02761										