



2018-742561 5/25/2018 3:52 PM PAGE: 1 OF 3
 BOOK: 979 PAGE: 587 FEES: \$18.00 MFP FIXTURE FILING
 EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

UCC FINANCING STATEMENT
 FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Leia Wells (307) 672-1606
B. E-MAIL CONTACT AT FILER (optional) leia.wells@fib.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>First Interstate Bank Sheridan Sugarland Branch 1613 Coffeen Avenue Sheridan, WY 82801-1899</p> </div>

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 Black Tooth Holdings LLC				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
2666 Aviation Dr	Sheridan	WY	82801-5855	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 First Interstate Bank				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1613 Coffeen Avenue, P. O. Box 6499	Sheridan	WY	82801-1899	USA

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

Purchase Money Security Interest in 2666 Aviation Dr, Sheridan, WY 82801

- a. All right, title, and interest of the Debtor, whether now existing or to arise in the future, arising by virtue of that certain Lease (the "Assigned Lease") made and executed among Sheridan County, Wyoming ("Sheridan County"), as Landlord, and Black Tooth Holdings, a Wyoming limited liability company, as Tenant, which said Assigned Lease was recorded on May 21,, 2018, in Book 573, at page 741, in the office of the County Clerk of Sheridan County, Wyoming; and
- b. All right, title, and interest of the Debtor, whether now existing or to arise in the future, in and to all subleases, rents, issues, profits, revenues, royalties, rights and benefits of and from any portion of the real property described in the Assigned Lease; and
- c. All structures and improvements now and hereafter located on the real property described in the Assigned Lease; and
- d. All fixtures and items to become fixtures attached to the real property described in the Assigned Lease; and
- e. All contract rights, accounts receivable, business records, rents, issues, proceeds and profits, whether now existing or to arise in the future, associated in any way with the real property described in the Assigned Lease; and

(Continued on attached Financing Statement Addendum)

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility	6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor <input type="checkbox"/> Licensee/Licenser	

8. OPTIONAL FILER REFERENCE DATA:



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 Black Tooth Holdings LLC	
OR	
9b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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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				
OR				
11b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):
 f. All gas, steam, electric, water and other heating, cooking, refrigerating, lighting, plumbing, ventilating, irrigating and power systems, machines, appliances, furniture, floor coverings, window coverings, tools, equipment, building supplies, materials, inventory, merchandise, personal property, and appurtenances as are ever owned by the Debtor and furnished or used in the construction, maintenance, or operation of the real property described in the Assigned Lease, which now are or may hereafter pertain to, or be used with, in, or on the real property described in the Assigned Lease, even though they be detached or detachable; and
 g. All rights of Debtor in and to all licenses and permits issued to the Debtor relating to operations upon the real property described in the

13. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATEMENT: <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input type="checkbox"/> 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): The County of Sheridan, State of Wyoming 908 W Brundage Ln Sheridan, WY 82801	16. Description of real estate: A tract of land situated in a portion of the N1/2SW1/4, SE1/4NW1/4, Section 3, Township 55 North, Range 84 West, 6th Principal Meridian and more particularly described as follows: LA-1 Block 2, containing 0.94 acres of land more or less.

17. MISCELLANEOUS:



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 Black Tooth Holdings LLC	
OR	
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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				
OR				
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

- Assigned Lease; and**
- h. All additional collateral pledged by the Debtor to the Secured Party by virtue of any other security agreement, mortgage, deed of trust, or assignment, whether now existing or to exist in the future; and**
- j. All proceeds and/or products of the above-described collateral; and**
- k. All increases, accessions, substitutions, replacements, additions and accretions to the above described 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 18 (if Debtor does not have a record interest):

The County of Sheridan, State of Wyoming
908 W Brundage Ln
Sheridan, WY 82801

16. Description of real estate:

NO. 2018-742561 FIXTURE FILING
 EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK
 SCTIA
 SHERIDAN WY 82801

17. MISCELLANEOUS: