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BOOK: 1001 PAGE: 670 FEES: \$15.00 MFP FIXTURE FILING  
EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) <b>Eli Woslager 672.1408</b>
B. E-MAIL CONTACT AT FILER (optional) <b>eli.woslager@fib.com</b>
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  <b>First Interstate Bank Sheridan Downtown Branch 4 South Main Street Sheridan, WY 82801-2007</b>

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 <b>Hamilton</b>		FIRST PERSONAL NAME <b>Flint</b>	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS <b>5 Columbus Drive</b>		CITY <b>Dayton</b>	STATE <b>WY</b>	POSTAL CODE <b>82836</b>	COUNTRY <b>USA</b>

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 <b>Hamilton</b>		FIRST PERSONAL NAME <b>Ida</b>	ADDITIONAL NAME(S)/INITIAL(S) <b>M</b>	SUFFIX
2c. MAILING ADDRESS <b>5 Columbus Drive</b>		CITY <b>Dayton</b>	STATE <b>WY</b>	POSTAL CODE <b>82836</b>	COUNTRY <b>USA</b>

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 <b>First Interstate Bank</b>					
OR	3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS <b>1613 Coffeen Avenue, P. O. Box 6499</b>		CITY <b>Sheridan</b>	STATE <b>WY</b>	POSTAL CODE <b>82801-1899</b>	COUNTRY <b>USA</b>

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

**Purchase Money Security Interest in all Equipment, Fixtures and Personal Property now or hereafter attached to, placed in or upon or necessary or convenient to the use of said Real Property or Improvements thereon or construction thereof, including but not limited to all Building Materials, whether located on-site or off-site, whether finished or unfinished; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records and documentation of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and accounts proceeds).**

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/Licensor					
8. OPTIONAL FILER REFERENCE DATA: <b>#1790</b>					



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## 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

Hamilton

FIRST PERSONAL NAME

Flint

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

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

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):

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):

Flint Hamilton  
5 Columbus Drive  
Dayton, WY 82836

Ida M Hamilton  
5 Columbus Drive  
Dayton, WY 82836

16. Description of real estate:

Lot 2, Daniels Subdivision. A subdivision in Sheridan County, Wyoming, as recorded in Book 1 of Plats, Page 282.

**NO. 2019-749735 FIXTURE FILING**

EDA SCHUNK THOMPSON, SHERIDAN COUNTY CLERK  
FIB OF SHERIDAN PO BOX 2007  
SHERIDAN WY 82801

17. MISCELLANEOUS: