



COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

Office of the Clerk

August 27, 2019

1908330416

UCC DEPARTMENT
6400 NW 86TH ST
JOHNSTON, IA 50131

RECEIPT

RE: PACEM DEFENSE LLC

DCN/FILE NO: 19-08-20-3936-3

Dear Customer:

This is your receipt for \$20.00 covering the fees for filing an original financing statement with this office.

The effective date of the filing is August 20, 2019 at 09:13 AM.

If you have any questions, please call (804) 371-9733 or toll-free in Virginia, 1-866-722-2551.

Sincerely,

Joel H. Peck
Clerk of the Commission

FSACCEPT
FSO
CIS0337

1908330416

SEC-CLERK'S OFFICE
100

2019 AUG 20 AM 9:13

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
UCC DEPARTMENT 8884278713

B. E-MAIL CONTACT AT FILER (optional)
JDFUCCFilings@JohnDeere.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)
**JOHN DEERE FINANCIAL
 6400 NW 86TH STREET
 PO BOX 6630
 JOHNSTON, IA 50131**

190820 3936 -28

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
PACEM DEFENSE LLC

OR

1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

1c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
PERRY	FL	32347	US

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
MILLS	COREY	L	

2c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
1198 WINDROCK DR	VA	22102	US

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
DEERE & COMPANY

OR

3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

3c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
6400 NW 86TH ST	IA	50131	US

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

**JOHN DEERE 5075 Utility Tractor S/N: 108282
JOHN DEERE 520M Loader S/N: 054864
Frontier AP12 Pallet Forks S/N: 051236
Frontier AV20 Grapple S/N: 001850**

together with (1) all attachments, accessories and components, repairs and improvements, (2) all accounts, general intangibles, contract rights and chattel paper relating thereto, and (3) all proceeds, thereto including, without limitation, insurance, sale, lease and rental proceeds, and proceeds of proceeds.

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:
 Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:
 Agricultural Lien Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:
VA 4037383 08/20/2019