

UCC-3 Form - ASSIGNMENT

Original File Number: **201921924130**

FILER INFORMATION

Full name: **KINETIC LEASING, INC.**

Email Contact at Filer: **MVILLARREAL@KINETICLEASE.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **KINETIC LEASING, INC.**

Mailing Address: **PO Box 9785**

City, State Zip Country: **FARGO, ND 58106 USA**

SECURED PARTY INFORMATION

Org. Name: **WESTERN STATE BANK**

Mailing Address: **755 13TH AVE E**

City, State Zip Country: **WEST FARGO, ND 58078 USA**

ASSIGNEE INFORMATION

Org. Name: **FIRST WESTERN BANK & TRUST**

Mailing Address: **PO BOX 1090**

City, State Zip Country: **MINOT, ND 58702 USA**

NAME OF THE SECURED PARTY OF RECORD AUTHORIZING THE AMENDMENT: WESTERN STATE BANK

CUSTOMER REFERENCE: CSM6453-101
