



## Remarketing Schedule

**Date:** 11/18/2019

**RTR #:** 9083890

**Lease #:**

**Type of Recovery:** End of Term

**Lease:**

### Description of Equipment:

Manufacturer: See Attached  
Model: See Attached  
Serial Number: See Attached  
Description: See Attached  
Condition: See Attached  
Fair Market Value: See Attached  
Orderly Liquidation Value: See Attached

### Location of Equipment:

Name: RTR Services Inc.  
Primary Contact: Toni Davis  
Address: 2370 Old Hwy 60  
City, State, Zip: Mulberry, FL 33860  
Phone: (800) 467-0690

This Schedule is issued pursuant to the Remarketing Agreement between Wells Fargo Vendor Financial and RTR Services, Inc., and incorporates by reference all of the terms and conditions of that Agreement.

**Thank you! We appreciate your business**

<b>RTR Services Inc. GENERAL EQUIPMENT CONDITION REPORT</b>		<b>RTR #:</b> 9083890-20	
		<b>ACCOUNT</b>	
		<b>ACCOUNT NAME:</b>	
<b>YEAR:</b>	2015		
<b>MAKE:</b>	John Deere	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	EQUIPMENT WAS IN USE AT THE TIME OF RECOVERY
<b>MODEL:</b>	7500A	<input checked="" type="checkbox"/> OPERATIONAL	
<b>SN:</b>		<input type="checkbox"/> NON OPERATIONAL	
<b>POWER:</b>	Diesel	<input type="checkbox"/> UNTESTABLE	
<b>DESCRIPTION:</b>	2015 John Deere 7500A Precision Cut Fairway Mower		
<b>SHOT / COUNT / HOUR:</b> 2,322			
<b>NOTES / COMMENTS:</b> Hours unverified. S/N: 1TC750AVPFR020120			

<b>RTR Services Inc. GENERAL EQUIPMENT CONDITION REPORT</b>		<b>RTR #:</b>	
		<b>ACCOUNT</b>	
		<b>ACCOUNT NAME:</b>	
<b>YEAR:</b>			
<b>MAKE:</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO	EQUIPMENT WAS IN AT THE TIME OF RECOVERY
<b>MODEL:</b>		<input type="checkbox"/> OPERATIONAL	
<b>SN:</b>		<input type="checkbox"/> NON OPERATIONAL	
<b>POWER:</b>		<input type="checkbox"/> UNTESTABLE	
<b>DESCRIPTION:</b>			
<b>SHOT / COUNT / HOUR:</b>			
<b>NOTES / COMMENTS:</b>			

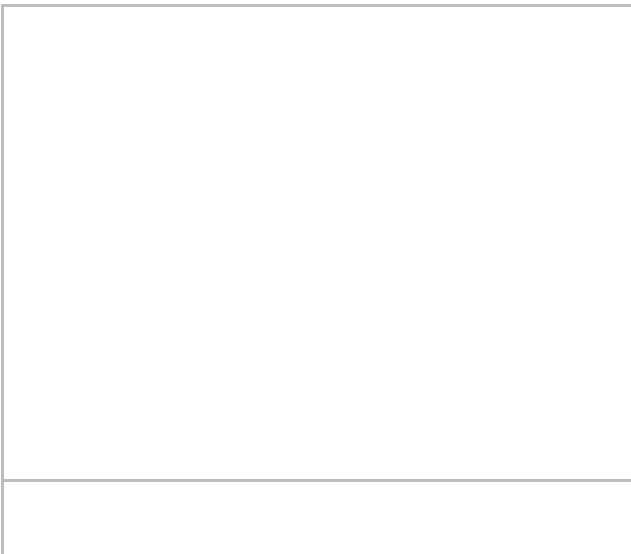
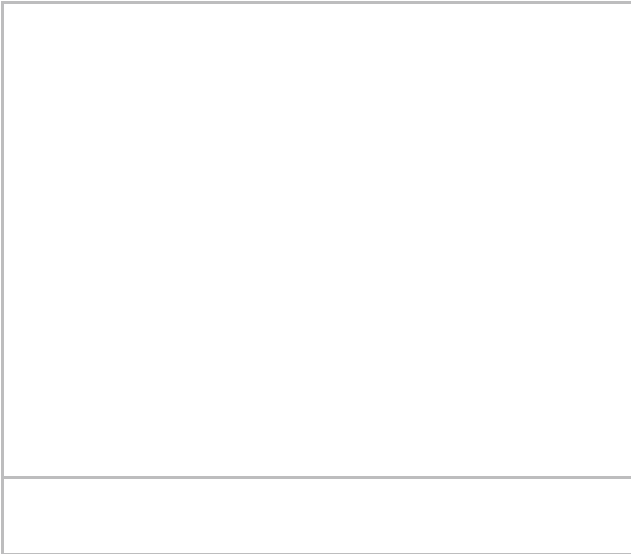
<b>RTR Services Inc. GENERAL EQUIPMENT CONDITION REPORT</b>		<b>RTR #:</b>	
		<b>ACCOUNT</b>	
		<b>ACCOUNT NAME:</b>	
<b>YEAR:</b>			
<b>MAKE:</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO	EQUIPMENT WAS IN USE AT THE TIME OF RECOVERY
<b>MODEL:</b>		<input type="checkbox"/> OPERATIONAL	
<b>SN:</b>		<input type="checkbox"/> NON OPERATIONAL	
<b>POWER:</b>	Gas	<input type="checkbox"/> UNTESTABLE	
<b>DESCRIPTION:</b>			
<b>SHOT / COUNT / HOUR:</b>			
<b>NOTES / COMMENTS:</b> H			

11/20/2019

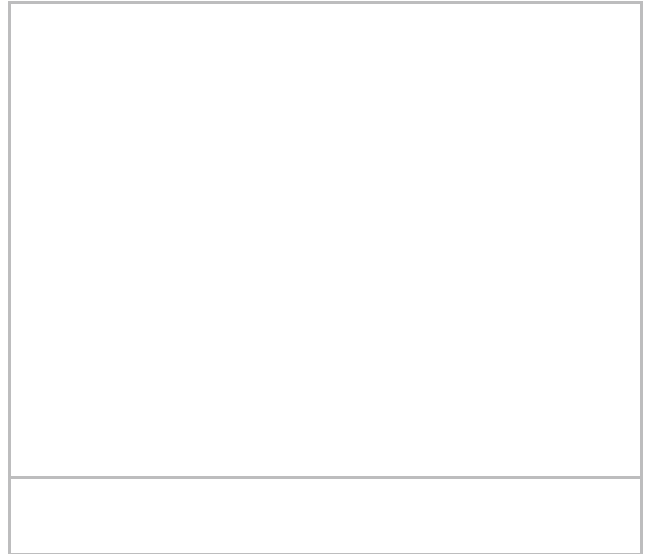
\_\_\_\_\_  
EMPLOYEE'S FULL NAME (PLEASE PRINT)                      DATE                      EMPLOYEE'S SIGNATURE  
By signature above I do hereby certify all information contained within this report to be true and accurate to the best of my knowledge at present.

**RTR Services Inc. • 395 Market St. NE Salem OR 97301 • 1.800.238.3294 • FAX 503.399.0421**

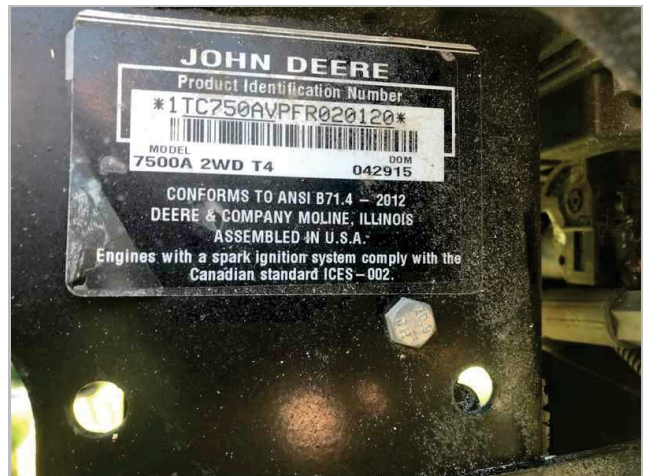
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Asset 20



Asset 20



Asset 20