	STATE OF OREGON	
 PLEASE TYPE THIS FORM. DO NOT FOLD FOR MAILUNG. PLEASE TYPE THIS FORM. DO NOT FOLD FOR MAILUNG. Remove Secured Party and Debtor copies and send, othe When filling is to be with more than one office, Form U. When filling is to be with more than one office, Form U. When the space provided for any item(s) on the form is in one copy of such additional sheets need be presented to indenture, etc., may be on any size paper that is continuenture, etc., may be on any size paper that is continuenture, etc., may be on any size paper that is used as a filling without extra fee. Without extra fee. Without her index for year and the statement, or the 1 	venient for the Secured Party. inancing statement, it is requested that it be accompanied rn third copy as an acknowledgement. At a later time, Se may use Form UCC3 as a Termination Statement.	iling officer. Enclose thing tee of warded to the . The Form UCC-1 should be forwarded to the sheets, preferably 5" x 8" or 8" x 10". Only nancing statement. Long schedules of collateral, hu a completed but unsigned set of these forms,
THIS FINANCING STATEMENT is presented to filing officer for	filing pursuant to the Uniform Commercial Commercial	Filing Officer (Date, time, number and filing office
1A. Dobtor(s): Charles White	2A. Socured Party(ies): C P National	Thing Course of the second sec
	in the star which	
1B. Mailing Address(es):	28. Address of Secured Party from which security information obtainable:	
1316 Summers Lane Klamat'z Falls, Or 97601 This financing statement covers the following types (istures, give description reasonably identifying the	1011 Kain St - P.O. Box 310 Klamath Falls, Or 97601	
One American Eor-Flo # ESG water heater and one Ameri 30 gallon gas fired water attacked to residence at 1 Klamath Falls, Oregon, Loz Hills subdivision, Klamath	heater installed and 316/1320 Summers Lane, 3 Book 4 06 Shadow	 SA. Assignee of Secured Party(ies), if any: SB. Address of Assignee from which security information obtainable:
Check 🚺 if covered: 🗌 Proceeds of Collateral are al	so covered. Products of Collateral are also co	overed. No. of additional sheets attached 2
Fied with: SECRETARY OF STATE:	RECORDER X COUNTY CLERK OF KLa	umathcounty
	C P National	
01 •		1/
By: See attached sheets Signature(s) of Debror(s)	By Signaty	(s) of Secured Party(ies) or Assignee(s)
	rm of financing statement is approved by the Secretary	of State.
FILLING OFFICER • ALPHASETICAL This to STANDARD FORM—UNIFORM COMMERCIAL CODE—FORM	UCC-1 Stevens-Ness Law Publishing Co., Portland 4, Ote-	
	A CONTRACTOR OF THE PARTY OF	

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PURCHASER (PRINT) FIRST NAM Charles	1.01.1 Main S Klamath Fal	LAST NAME	1		1776
SPOUSE FIRST NAME	MIDDLE INITIAL	White LAST NAME	DATE WANTED	11/1/00	COUNT NUMBER
STREET ADDRESS			SHIP TO (If other Sa	r than Purchaser)	
1316 Summers 1	ane	APT.NO. N/A	C/0		PHONE NO
cirklamath Falls,	Oregon ^{stat}	zipcope 97601	STREET ADORES	ss ummers Lane	884-3772
CREDIT ALL APPLICAT	LE CREDIT INFORMATION	MUST	Klamat	h Falls, Oregon	STATE ZIP CODE
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