

STATE OF OREGON
UNIFORM COMMERCIAL CODE—FINANCING STATEMENT—FORM UCC-1

INSTRUCTIONS:
1. PLEASE TYPE THIS FORM.
2. Enclose fee of \$3.75 per name listed plus \$2.00 per trade name.
3. This form is to be filed only with the Secretary of State.
4. Send the Alphabetical, Numerical and Acknowledgment copies with interleaved carbon paper intact to the filing officer. The Debtor(s) and Secured Party(ies) copies are retained by party making the filing.
5. If the space provided for any item(s) on the form is inadequate, the item(s) should be continued on additional sheets, showing only one copy of such additional sheets need be presented to the filing officer. Long schedules of collateral, indentures, etc. may be on any size paper.
6. DO NOT STAPLE OR TAPE ANYTHING TO LOWER PORTION OF THIS FORM.
7. At the time of filing, filing officer will return acknowledgment copy to the assignee if noted on form or secured party. If secured party requires acknowledgment of long schedule of collateral, two copies should be presented and one will be returned.
8. When a copy of the security agreement is used as a financing statement, it is requested that it be accompanied by a completed UCC-21 form. Enclose \$5.00 plus \$3.75 per debtor more than one, and \$2.00 per trade name.
9. When filing is to be terminated the acknowledgment copy may be sent to the filing officer signed by the secured party or assignee or he may use Form UCC-3 as a Termination Statement.

This FINANCING STATEMENT is presented to filing officer pursuant to the Uniform Commercial Code.

1A. Debtor(s):
Carlos & Yolanda Barragan

1B. Mailing Address(es):
3434 Bisbee Ave/
Klamath Falls, OR 97601

2A. Secured Party(ies):
CP National Corp
2B. Address of Secured Party from which security information obtainable:
1011 Main / PO Box 310
Klamath Falls, OR

Filing Officer Use Only
M83 page 5123

3. This financing statement covers the following types (or items) of collateral (ORS 79.4020):
One Dearborn Wall Furnace, model #DVF 55, s/n 03573 and one Tappan range model # 36-3052, s/n 01183-12263719 and one MorFlo water heater, 40 gallon capacity, s/n A824606715A - All of the above equipment installed in and attached to property located at 3434 Bisbee Ave., Klamath Falls, Oregon, 97601, further described as a portion of lot 18, Block 7 Altamont Acres, deed reference M83-1932.

4A. Assignee of Secured Party(ies) if any:
4B. Address of Assignee from which security information obtainable:

Check box if products of collateral are also covered ☐ No. of additional sheets attached ☒ 1

By: *[Signature]* CP National Corp.
Signature(s) of Debtor(s)
Signature(s) of Secured Party(ies) or Assignee(s)

*Signature(s) of Debtor(s) required in most cases.
Signature(s) of Secured Party(ies) in cases covered by ORS 79.4020.
This form of Financing Statement approved by the Secretary of State.
STANDARD FORM—UNIFORM COMMERCIAL CODE—FORM UCC-1
9/4/79
STEVEN-NESE LAW PUBLISHING CO., PORTLAND, OR. 97204
FILING OFFICER—ALPHABETICAL

SELLER: CP national
1011 main st
Klamath Falls, OR 97601

RETAIL INSTALLMENT CONTRACT
credit OK per B.P.
5/2/83

| | | | |
|---|--|---|--|
| PURCHASER (PRINT FIRST NAME) MIDDLE INITIAL LAST NAME CARLOS BARRAGAN | | DATE WANTED 2/18/83 | ACCOUNT NUMBER |
| SPOUSE FIRST NAME MIDDLE INITIAL LAST NAME YOLANDA BARRAGAN | | SHIP TO (If other than Purchaser) | |
| STREET ADDRESS APT NO 3434 BISBEE | | CITY | PHONE NO |
| CITY STATE ZIP CODE Klamath Falls OR 97601 | | STREET ADDRESS | |
| | | CITY | STATE ZIP CODE |
| CREDIT APPLICATION ALL APPLICABLE CREDIT INFORMATION MUST BE FILLED IN COMPLETELY AND ACCURATELY | | | |
| <input type="checkbox"/> HOME PHONE OR <input type="checkbox"/> NEAREST | | SOCIAL SECURITY NUMBER | NO OF DEPENDENT CHILDREN |
| <input type="checkbox"/> LANDLORD OR <input type="checkbox"/> MORTGAGE HOLDER | | NAME | STREET ADDRESS CITY STATE & ZIP CODE |
| MONTHLY MORTGAGE OR RENT PAYMENT \$ | | GIVE ALL PREVIOUS ADDRESSES AND DATES FOR PAST 2 YEARS | |
| PURCHASER'S EMPLOYMENT <input type="checkbox"/> SELF EMPLOYED (STATE TYPE OF BUSINESS) <input type="checkbox"/> EMPLOYED BY | | POSITION OR OCCUPATION | INCOME \$ <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH |
| STREET ADDRESS CITY STATE & ZIP CODE | | HOW LONG YRS. MOS. | EMPLOYER'S PHONE PAY DAYS |
| GIVE ALL PREVIOUS EMPLOYERS AND DATES FOR PAST 2 YEARS | | | |
| <input type="checkbox"/> SPOUSE'S <input type="checkbox"/> EMPLOYER <input type="checkbox"/> CO-SIGNER'S | | STREET ADDRESS CITY EMPLOYER'S PHONE POSITION OR OCCUPATION INCOME \$ <input type="checkbox"/> WEEK | |
| | | INSERT DATE OF 4TH BUSINESS DAY FOLLOWING THE DATE OF THIS ORDER 2/25/83 | |