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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, size 5" x 8". 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 that is convenient for the secured party. **DO NOT STAPLE OR TAPE ANYTHING TO LOWER PORTION OF THIS FORM.**
6. At the time of original filing, filing officer will return acknowledgment copy to the assignee if noted on form or secured party. If secured party requires acknowledgment of long schedules of collateral, two copies should be presented and one will be returned.
7. 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.
8. 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):

James Toddy

2A. Secured Party(ies):

CP National Corp.

Filing Officer Use Only

1B. Mailing Address(es):

3833 Lamarada Way
Klamath Falls, OR 97603

2B. Address of Secured Party from which security information obtainable:

PO Box 310

Klamath Falls, OR 97601

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2. This financing statement covers the following types (or items) of collateral (ORS 79.4020):

One Rio Grande Pacific Spa with 6 jets, preplumbed & tiled. Standard Spa package to include 1½ hp pump, 1½ hp air pump, Catalina Controls, 70 sq ft filter, 175M btu gas heater, spa light, 2' foam cover, as bid per Action Amusement, Inc.

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

CP National Corp.

*Signature(s) of Debtor(s) required in most cases.

Signature(s) of Secured Party(ies) in cases covered by ORS 79.4020.

By: 

Signature(s) of Secured Party(ies) or Assignee(s)

This form of Financing Statement approved by the Secretary of State.

STANDARD FORM—UNIFORM COMMERCIAL CODE—FORM UCC-1

STEVENS-NESS LAW PUBLISHING CO., PORTLAND, OR. 97204

FILING OFFICER — ALPHABETICAL

9/1/83

1011 MAIN ST CP National
KLAMATH Falls, OR 97601

PURCHASER (PRINT) FIRST NAME: JAMES, MIDDLE INITIAL: E., LAST NAME: Toddy
SPOUSE FIRST NAME: , MIDDLE INITIAL: , LAST NAME:
DATE WANTED: 8/5/83, DATE OF ORDER: 8/5/83, ACCOUNT NUMBER: 13260
SHIP TO (if other than Purchaser): SAME
STREET ADDRESS: 3833 La Marada Way, CITY: Klamath Falls, OR, STATE: OR, ZIP CODE: 97603
C/O: , STREET ADDRESS: , CITY: , STATE: , ZIP CODE:
PHONE NO.:
CREDIT APPLICATION: ALL APPLICABLE CREDIT INFORMATION MUST BE FILLED IN COMPLETELY AND ACCURATELY.
☐ HOME PHONE OR ☐ NEAREST SOCIAL SECURITY NUMBER: NO OF DEPENDENT CHILDREN:
HOW LONG THIS ADDRESS: YRS. MOS. ☐ BUYING ☐ HOUSE ☐ CONDOMINIUM ☐ RENTING ☐ APARTMENT ☐ MOBILE HOME
☐ LANDLORD OR ☐ 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: ☐ SELF EMPLOYED (STATE TYPE OF BUSINESS): ☐ EMPLOYED BY: POSITION OR OCCUPATION: INCOME \$ ☐ WEEK ☐ 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:
☐ SPOUSE'S ☐ CO-SIGNER'S EMPLOYER: STREET ADDRESS: CITY: EMPLOYER'S PHONE: POSITION OR OCCUPATION: INCOME \$ ☐ WEEK ☐ MONTH
BANK ACCOUNT: ☐ CHECKING ☐ SAVING NAME OF BANK: STREET ADDRESS: CITY: INCOME \$ ☐ WEEK ☐ MONTH
WHERE DO YOU BORROW OR BUY ON CREDIT? (INCLUDE OPEN ACCOUNTS ON BANK LOANS, FINANCE COMPANIES, CHARGE ACCOUNTS & OTHER INSTALLMENT ACCOUNTS)
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