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STRUCTIONS:  UNIFORM COMMERCIAL CODE—FINANCING STATEMENT—FORM UCC-1  SPECIAL STATEMENT—FORM.  PLEASE TYPE THIS FORM.  Enclose of \$3.75 per name listed plus \$2.00 per trade name.  FLEASE TYPE THIS FORM.  Enclose of \$3.75 per name listed plus \$2.00 per trade name.  This form is to be filed only with the Secretary of State.  Enclose of \$3.75 per name listed plus \$2.00 per trade name.  Enclose of \$3.75 per name listed plus \$2.00 per trade name.  This form is to be filed only with the Secretary of State.  Enclose of \$3.75 per name listed plus \$2.00 per trade name.  This form is to be filed only with the Secretary of State.  Enclose of \$3.75 per name listed plus \$2.00 per trade name.  This form is to be filed only with the Secretary of State.  This form is to be filed only with the Secretary of State.  This form is to be filed only with the Secretary of State.  This form is to be filed only with the Secretary of State.  This form is to be filed only with the Secretary of State.  This form is to be filed only with the Secretary of State.  This form is to be filed only with the Secretary of State.  This form is to be filed only with the Secretary of State.  This form is to be filed only with the Secretary of State.  This form is to be filed only with the Secretary of State.  This form is to be filed only with the Secretary of State.  This form is to be filed only with the Secretary of State.  This form is to be filed to the filed only with the Secretary of State.  This form is to be filed only with the Secretary of State.  This form is to the filed to the secure of State.  This form is to the filed to the filed to the secure of State.  This form is to the filed t
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This FINANCING STATEMENT  Debtor(s.)  SCOtt & Jean Phillips  26. Address of Secured Party from which security information obtainable:  M83 15842
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Debtor(s): Scott & Jean Pill 20.  26. Address of Secured Party from M83 15842  26. Address of Secured Party from M83 15842
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18. Mailing Address(es):  PO Box 310  Rlamath Falls, OR 97601  Klamath Falls, OR 97601
18. Mailing Address(es):  5917 Independance Klamath Falls, OR  97603  Klamath Falls, OR  97603  Klamath Falls, OR  Name of Secured Party(ies) if any:  3. This financing statement covers the following types (or items) of collateral (ORS 79.4020):  One Beachport-Huntington Acrylic Spa With 6 jets,  One Beachport-
591/ +b Falls, UR Junes (or items) of collaters ( jets, main uras)
Rlamath reduction of the following types to the following types types types types the following type
This financing statement to ACTYLIC Specific to include 4A. Assigned
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One Beachport-Hunting controls. One Purex equipment filter, 24 III.  air controls. One Purex equipment filter, 24 III.  air controls. One Purex equipment filter, 24 III.  air controls. One Purex equipment filter, 24 III.  by blower, 50sq.ft. filter, 24 III.  air controls. One Purex equipment filter, 24 III.  air controls. One Raypack 153,000  air controls. One Raypack 153,000  timer, low voltage control, one thermal cover, related timer, low voltage control one bromine feeder, related timer, low particular air cover, one bromine feeder, related timer, low particular air cover, one bromine feeder, related timer, low particular air cover, one bromine feeder, related timer, low particular air cover, one bromine feeder, related timer, low particular air cover, one bromine feeder, related timer, low particular air cover, one bromine feeder, related timer, low particular air cover, one bromine feeder, related timer, low particular air cover, one bromine feeder, related timer, low particular air cover, one bromine feeder, related timer, low particular air cover, one bromine feeder, low particular air cover, one bromine feeder, low particular air cover, low partic
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I hereby cert in day of September, of Mornate record on the 14th day of September, of Mornate record on the 14th day of September, of Mornate record on the 14th day of September, of Mornate CLERK and duly recorded in Vol M 83  EVELYN BIEHN, COUNTY CLERK
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