sase Type	MTC 1396-6465		
is FINANCING STATEM	ENT is presented pursuant to the Uniform Commercial C	MER NUMBER: ode. This financing statement remains	김 씨는 물건에서 가지 않는 것이다.
fective for a period of 1 hapter 79.	live years from the date of filing, unless extended for a	dditional periods as provided by ORS	
Check (X) one: X (If individual list last na	DEBTOR NAME, CONSIGNEE, LESSEE	Social Sec. Number or TIN	
RUPERT, NORMAN	<u>v w.</u>	_545-36-7557	
RUPERT, PAULINE	<u>: M.</u>	543-36-2081	
(Last Name) EBTOR MAILING ADDR	(First Name) (Middle) ESS:	Total Debtor Names; 2	
4212 BRISTOL	00		
KLAMATH FALLS,	OL AIOD		Reserved for Filing Officer Use
NAME AND ADDRES	ECURED PARTY, CONSIGNOR, LESSOR S (from which security information is obtainable)	C. ASSIGNEE NAME AND AD	DRESS (if any)
WESTERN BANK 2885 South Sixth S			
P.O. Box 1864			
Klamath Falls, OR Telephone Number		Talanhasa Mushan	
	t covers the following types (or items) of collateral (ORS 7	Telephone Number: 9.4020)	
984 FUQUA MOBILI	E HOME, SN#8092; whether owned now or a elating to any of the foregoing; all proceeds (li	acquired later; all accessions,	additions, replacements, and substitutions;
sooras or any kind to	cialing to any of the foregoing; all proceeds (ii	nciuding insurance, general inc	angibles and accounts proceeds)
Check (X) if covered:	PROCEEDS of collecters and a		
	PROCEEDS of collateral are also covered E NOT REQUIRED. This statement is filed without the de	PRODUCTS of collat	
r applicable check box); ('	 Collateral already subject to a security interest in and 	ther jurisdiction: (2) Which is proce	ade of the described F. DEBTOR IS A TRANSMITTING
riginal collateral which wa lentity or corporate struct	is perfected; (3) 🔲 Collateral as to which the filing has la use of debtor.	psed; or (4) 🔲 Collateral acquired att	er a change of name, UTILITY (ORS 79.4010)
Jebtor nereby authorizes	the Secured Party (or Consignor or Lessor) to file a carbo	in, photographic or other reproduction	of this form, financing statement or security agreement.
nancing statement under i			
inancing statement under i	orman W Bupert	By: Pauline	of this form, financing statement or security agreement.
inancing statement under i	orman W Bupert		
inancing statement under i	orman W Bupert	By: Laulinie	m. Bugest
nancing statement under i	ons Chapter 79.	By: <u>Factoric</u> ed Signature(s) ucts requiring Effective Financi	mg. Sugest
By: 2	Use the following spaces only for Farm Prod FARM PRODUCTS EFFECTIVE	By: <u>Paulinic</u> ed Signature(s) ucts requiring Effective Financi FINANCING STATEMEN	M. Gugut ng Statement (EFS) filing. T FORM EFS-1
his FARM PRODUCTS E	Use the following spaces only for Farm Prod FARM PRODUCTS EFFECTIVE	By: <u>Paulania</u> ed Signature(s) ucts requiring Effective Financi FINANCING STATEMEN filing officer pursuant to ORS Chapter 79.	M. Gugest ng Statement (EFS) filing. T FORM EFS-1 79. This statement remains effective tor period of five yr
his FARM PRODUCTS E	Use the following spaces only for Farm Prod FARM PRODUCTS EFFECTIVE	By: <u>Paulania</u> ed Signature(s) ucts requiring Effective Financi FINANCING STATEMEN filing officer pursuant to ORS Chapter 79.	M. Gugest ng Statement (EFS) filing. T FORM EFS-1 79. This statement remains effective tor period of five yr
his FARM PRODUCTS E	Use the following spaces only for Farm Prod FARM PRODUCTS EFFECTIVE FFECTIVE FINANCING STATEMENT is presented to the ject to extensions for additional periods as provided for by COUNTY CODE CROP YEAR AMOUNT (i	By: <u>Paulania</u> ed Signature(s) ucts requiring Effective Financi FINANCING STATEMEN filing officer pursuant to ORS Chapter 79.	M. Gugest ng Statement (EFS) filing. T FORM EFS-1 79. This statement remains effective tor period of five yr
his FARM PRODUCTS E	Use the following spaces only for Farm Prod FARM PRODUCTS EFFECTIVE FFECTIVE FINANCING STATEMENT is presented to the ject to extensions for additional periods as provided for by COUNTY CODE CROP YEAR AMOUNT (i	By: <u>Paulania</u> ed Signature(s) ucts requiring Effective Financi FINANCING STATEMEN filing officer pursuant to ORS Chapter 79.	M. Gugest ng Statement (EFS) filing. T FORM EFS-1 79. This statement remains effective tor period of five yr
his FARM PRODUCTS E	Use the following spaces only for Farm Prod FARM PRODUCTS EFFECTIVE FFECTIVE FINANCING STATEMENT is presented to the ject to extensions for additional periods as provided for by COUNTY CODE CROP YEAR AMOUNT (i	By: <u>Paulania</u> ed Signature(s) ucts requiring Effective Financi FINANCING STATEMEN filing officer pursuant to ORS Chapter 79.	M. Gugest ng Statement (EFS) filing. T FORM EFS-1 79. This statement remains effective tor period of five yr
his FARM PRODUCTS EI om the date of fling, sub ARM PRODUCT CODE	Use the following spaces only for Farm Prod FARM PRODUCTS EFFECTIVE FFECTIVE FINANCING STATEMENT is presented to the fect to extensions for additional periods as provided for by COUNTY CODE CROP YEAR AMOUNT (if (if applicable)	By: <u>Paulania</u> ed Signature(s) ucts requiring Effective Financi FINANCING STATEMEN filing officer pursuant to ORS Chapter 79.	M. Gugest ng Statement (EFS) filing. T FORM EFS-1 79. This statement remains effective tor period of five yr
his FARM PRODUCTS El arm the date of filing, subj ARM PRODUCT CODE	Use the following spaces only for Farm Prod FARM PRODUCTS EFFECTIVE FFECTIVE FINANCING STATEMENT is presented to the ject to extensions for additional periods as provided for by COUNTY CODE CROP YEAR AMOUNT (i	By: <u>Paulania</u> ed Signature(s) ucts requiring Effective Financi FINANCING STATEMEN filing officer pursuant to ORS Chapter 79.	B. Gugett ng Statement (EFS) fillng. T FORM EFS-1 79. This statement remains effective for period of five yr ATTION (if applicable) Source of <u>Payment</u> :
his FARM PRODUCTS El arm the date of filing, subj ARM PRODUCT CODE	Use the following spaces only for Farm Prod FARM PRODUCTS EFFECTIVE FFECTIVE FINANCING STATEMENT is presented to the fect to extensions for additional periods as provided for by COUNTY CODE CROP YEAR AMOUNT (if (if applicable)	By: Laulunic ed Signature(s) ucts requiring Effective Financi FINANCING STATEMEN Hiling officer pursuant to ORS Chapter 70 ORS Chapter 79. (applicable) DESCRIPTION/LOC/	B. Sugert
Instructing statement under (By:	Country Code Control	By: <u>Paulining</u> ed Signature(s) ucts requiring Effective Financi FINANCING STATEMEN filing officer pursuant to ORS Chapter 79.	
Instructing statement under (By:	Dens Chapter 79. Dens Chapter 79. Dens Chapter 79. Dens Chapter 79. Requir Requir Use the following spaces only for Farm Prod FARM PRODUCTS EFFECTIVE FFECTIVE FINANCING STATEMENT is presented to the leat to extensions for additional periods as provided for by COUNTY CODE CROPYEAR AMOUNT (if applicable) AMOUNT (if applicable) Dens Dens Dens	By: Caulainie ed Signature(s) ucts requiring Effective Financi FINANCING STATEMEN Ning officer pursuant to ORS Chapter ORS Chapter 79. (applicable) DESCRIPTION/LOC/	
his FARM PRODUCTS E for the date of filing, subj ARM PRODUCT CODE 	COUNTY CODE CROPYEAR COUNTY CODE CROPYEAR AMOUNT (if applicable) mature of debtor(s) and secured party(ies). gnature of Debtor(s)	By: Caulainie ed Signature(s) ucts requiring Effective Financi FINANCING STATEMEN Ning officer pursuant to ORS Chapter ORS Chapter 79. (applicable) DESCRIPTION/LOC/	
By: By: his FARM PRODUCTS EI om the date of filing, subj ARM PRODUCT CODE FS Statement requires sig By: By:	Construction of debtor(s) Require of Debtor(s) Require of Debtor(s) Require of Debtor(s) Require of Statement Copy TO: (name an WESTERN BANK Official Construction of the Statement Copy TO: (name an WESTERN BANK Official Copy Copy Copy Copy Copy Copy Copy Copy	By: Caulainie ed Signature(s) ucts requiring Effective Financi FINANCING STATEMEN Ning officer pursuant to ORS Chapter ORS Chapter 79. (applicable) DESCRIPTION/LOC/	B. Guyett ng Statement (EFS) filing. T FORM EFS-1 79. This statement remains effective for period of five yr ATION (if applicable) Source of Payment: Cash Check y- Visa/MasterCard (See instructions) SUBMIT COMPLETED FORM TO: Secretary of State, UCC Section Capitol Building, Room 41 Salem, OR 37310
By: By: his FARM PRODUCTS EI om the date of filing, subj ARM PRODUCT CODE FS Statement requires sig By: By:	Construction of debtor(s) Require of Debtor(s) Require of Debtor(s) Require of Debtor(s) Require of Debtor(s) Return ACKNOWLEDGMENT COPY TO: (name an WESTERN BANK Official Construction of the site of the	By: Caulainie ed Signature(s) ucts requiring Effective Financi FINANCING STATEMEN Ning officer pursuant to ORS Chapter ORS Chapter 79. (applicable) DESCRIPTION/LOC/	B. Gugett ng Statement (EFS) filing. T FORM EFS-1 79. This statement remains effective for period of five yn ATION (if applicable) Source of Payment: Cash Check e Visa/MasterCard (See instructions) SUBMIT COMPLETED FORM TO: Secretary of State, UCC Section Capitol Building. Room 41
By: By: his FARM PRODUCTS EI om the date of filing, subj ARM PRODUCT CODE FS Statement requires sig By: By:	COUNTY CODE CROPYEAR COUNTY CODE CROPYEAR Grature of debtor(s) and secured party(ies). By: Grature of Debtor(s) RETURN ACKNOWLEDGMENT COPY TO: (name an WESTERN BANK CULTA ', ', ', ', ', ', ', ', ', ', ', ', ',	By: Caulainie ed Signature(s) ucts requiring Effective Financi FINANCING STATEMEN Ning officer pursuant to ORS Chapter ORS Chapter 79. (applicable) DESCRIPTION/LOC/	B. Guyant ng Statement (EFS) filing. T FORM EFS-1 79. This statement remains effective for period of five yn ATION (if applicable) Source of Payment: Cash Check yisa/MasterCard (See instructions) SUBMIT COMPLETED FORM TO: Secretary of State, UCC Section Capitol Building, Room 41 Salem, OR 97310 (503) 378-4146
By: By: his FARM PRODUCTS EI om the date of filing, subj ARM PRODUCT CODE FS Statement requires sig By: By:	Construction of debtor(s) Require of Debtor(s) Require of Debtor(s) Require of new construction of the standard construction of	By: Caulainie ed Signature(s) ucts requiring Effective Financi FINANCING STATEMEN Ning officer pursuant to ORS Chapter ORS Chapter 79. (applicable) DESCRIPTION/LOC/	B. Guyant ng Statement (EFS) filing. T FORM EFS-1 79. This statement remains effective for period of five yn ATION (if applicable) Source of Payment: Cash Check yisa/MasterCard (See instructions) SUBMIT COMPLETED FORM TO: Secretary of State, UCC Section Capitol Building, Room 41 Salem, OR 97310 (503) 378-4146
his FARM PRODUCTS E for the date of filing, subj ARM PRODUCT CODE 	Construction of debtor(s) Require of Debtor(s) Require of Debtor(s) Require of new construction of the standard construction of	By: <u>Eaching</u> ed Signature(s) ucts requiring Effective Financi FINANCING STATEMEN (Infing officer pursuant to ORS Chapter 1 (ORS Chapter 79. (applicable) DESCRIPTION/LOC/ signature of Secured Party daddress)	B. Guyant ng Statement (EFS) filing. T FORM EFS-1 79. This statement remains effective for period of five yn ATION (if applicable) Source of Payment: Cash Check yisa/MasterCard (See instructions) SUBMIT COMPLETED FORM TO: Secretary of State, UCC Section Capitol Building, Room 41 Salem, OR 97310 (503) 378-4146
Instructing statement under (By:	Construction of debtor(s) Require of Debtor(s) Require of Debtor(s) Require of new construction of the standard construction of	By: <u>Eaching</u> ed Signature(s) ucts requiring Effective Financi FINANCING STATEMEN (Infing officer pursuant to ORS Chapter 1 (ORS Chapter 79. (applicable) DESCRIPTION/LOC/ signature of Secured Party daddress)	B. Guyant ng Statement (EFS) filing. T FORM EFS-1 79. This statement remains effective for period of five yn ATION (if applicable) Source of Payment: Cash Check yisa/MasterCard (See instructions) SUBMIT COMPLETED FORM TO: Secretary of State, UCC Section Capitol Building, Room 41 Salem, OR 97310 (503) 378-4146
his FARM PRODUCTS E for the date of filing, subj ARM PRODUCT CODE 	Construction of debtor(s) Require of Debtor(s) Require of Debtor(s) Require of new construction of the standard construction of	By: <u>Eaching</u> ed Signature(s) ucts requiring Effective Financi FINANCING STATEMEN (Infing officer pursuant to ORS Chapter 1 (ORS Chapter 79. (applicable) DESCRIPTION/LOC/ signature of Secured Party daddress)	B. Guyant ng Statement (EFS) filing. T FORM EFS-1 79. This statement remains effective for period of five yn ATION (if applicable) Source of Payment: Cash Check yisa/MasterCard (See instructions) SUBMIT COMPLETED FORM TO: Secretary of State, UCC Section Capitol Building, Room 41 Salem, OR 97310 (Source 146
By:	Construction of debtor(s) Require of Debtor(s) Require of Debtor(s) Require of new construction of the standard construction of	By: <u>Eaching</u> ed Signature(s) ucts requiring Effective Financi FINANCING STATEMEN (Infing officer pursuant to ORS Chapter 1 (ORS Chapter 79. (applicable) DESCRIPTION/LOC/ signature of Secured Party daddress)	B. Guyant ng Statement (EFS) filing. T FORM EFS-1 79. This statement remains effective for period of five yn ATION (if applicable) Source of Payment: Cash Check yisa/MasterCard (See instructions) SUBMIT COMPLETED FORM TO: Secretary of State, UCC Section Capitol Building, Room 41 Salem, OR 97310 (Source 146
By:	County Code Control of the second se	By: Laulunic ed Signature(s) ucts requiring Effective Financi FINANCING STATEMEN filing officer pursuant to ORS Chapter (ORS Chapter 79. (applicable) DESCRIPTION/LOC/ Signature of Secured Party daddress)	
By:	Country constants Country country of KLAMATH: Countral Country Country	By: Laulunic ed Signature(s) ucts requiring Effective Financi FINANCING STATEMEN filing officer pursuant to ORS Chapter (ORS Chapter 79. (applicable) DESCRIPTION/LOC/ DESCRIPTION/LOC/ Signature of Secured Party daddress) Wdy WLEDGMENT COPY	B. Guyant ng Statement (EFS) filing. T FORM EFS-1 79. This statement remains effective for period of five yn ATION (if applicable) Source of Payment: Cash Check yisa/MasterCard (See instructions) SUBMIT COMPLETED FORM TO: Secretary of State, UCC Section Capitol Building, Room 41 Salem, OR 97310 (Source 146