

1823

STATE OF CALIFORNIA
UNIFORM COMMERCIAL CODE—FINANCING STATEMENT—FORM UCC-1
IMPORTANT—Read instructions on back before filling out form

82199

06-06-94A10:45 RCVD

Vol. M94 Page 17639

This FINANCING STATEMENT is presented for filing and will remain effective, with certain exceptions, for five years from the date of filing, pursuant to Section 9403 of the California Commercial Code.

1. DEBTOR (LAST NAME FIRST—IF AN INDIVIDUAL) The Sports Foot, Inc.		1A. SOCIAL SECURITY OR FEDERAL TAX NO. 94-2711571	
1B. MAILING ADDRESS 999 Mission De Oro		1C. CITY, STATE Redding, CA	1D. ZIP CODE 96002
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST—IF AN INDIVIDUAL)		2A. SOCIAL SECURITY OR FEDERAL TAX NO.	
2B. MAILING ADDRESS		2C. CITY, STATE	2D. ZIP CODE
3. DEBTOR'S TRADE NAMES OR STYLES (IF ANY)		3A. FEDERAL TAX NO.	
4. SECURED PARTY NAME Redding Bank of Commerce MAILING ADDRESS 1177 Piacer St. CITY Redding STATE CA ZIP CODE 96001		4A. SOCIAL SECURITY NO., FEDERAL TAX NO., OR BANK TRANSIT AND A.B.A. NO. 94-2772599	
5. ASSIGNEE OF SECURED PARTY (IF ANY) NAME MAILING ADDRESS CITY STATE ZIP CODE		5A. SOCIAL SECURITY NO., FEDERAL TAX NO., OR BANK TRANSIT AND A.B.A. NO.	

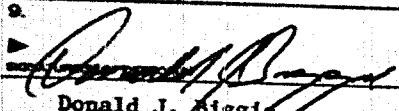
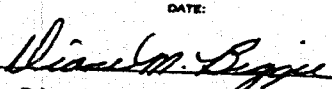
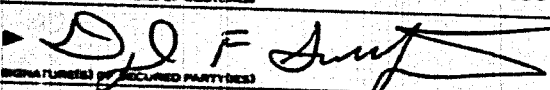
6. This FINANCING STATEMENT covers the following types or items of property (include description of real property on which located and owner of record when required by instruction 4).

All Machinery, Equipment and Furniture; Fixtures; Inventory; Accounts; General Intangibles; whether owned now or acquired later; all accessions, additions, replacements, and substitutions; all records of any kind relating to any of the foregoing; all proceeds including insurance and other accounts proceeds. EXCLUDES Titled Motor Vehicles.

To be filed in the real estate records.

Some or all of the assigned personal property is located at the Jefferson Square Mall, 2848 South Sixth Street, #22, Klamath Falls, OR.

7. CHECK IF APPLICABLE <input checked="" type="checkbox"/>	7A. <input type="checkbox"/> PRODUCTS OF COLLATERAL ARE ALSO COVERED	7B. DEBTOR(S) SIGNATURE NOT REQUIRED IN ACCORDANCE WITH INSTRUCTION 5(A) ITEM: <input type="checkbox"/> (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> (4)
8. CHECK IF APPLICABLE <input checked="" type="checkbox"/>	<input type="checkbox"/> DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH UCC § 9105 (1) (N)	

9.  Donald J. Biggie President TYPE OR PRINT NAMES OF DEBTOR(S)		DATE:  Diane M. Biggie Secretary/Treasurer	C O D E 1 2 3 4 5 6 7 8 9 0	10. THIS SPACE FOR USE OF FILING OFFICER (DATE, TIME, FILE NUMBER AND FILING OFFICER) 6-6-94 M94/17639
 Redding Bank of Commerce By: Daryl F. Sutterfield, VP, SBA Loans TYPE OR PRINT NAMES OF SECURED PARTY(IES)				
11. Return copy to: NAME ADDRESS CITY STATE ZIP CODE Redding Bank of Commerce 1350 Churn Creek Rd., F3 Redding, CA 96003 Attn: Tammy				
FORM UCC-1 Approved by the Secretary of State				

11 FILING OFFICER COPY

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Redding Bank of Commerce the 6th day of June A.D. 19 94 at 10:45 o'clock A M., and duly recorded in Vol. M94 of Mortgages on Page 17639.

FEE \$5.00

Evelyn Biehn County Clerk

By Diane M. Biggie