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his STATEMENT is pres	ented to the county fill	ng officer pursuant to th		Code.	100 a	
1A. Debtor Name(s): 11 adao, Rober 11 adao, Rober 1B. Debtor Mailing Addres 555 Chisholm Cor yward, CA 9454	t A. ta E. s(es): urt	2A. Secured Party Nam The Federal L Spokane 2B. Address of Secured which security informa P. O. Box 148 Klamath Falls	e(s): and Bank of d Party from tion is obtainable: }	4A. Assignee of 4B. Address of A		iny):
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