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Vol M01 Page 42803

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] <u>J. Provasnik 314-822-0070</u>	
B. SEND ACKNOWLEDGMENT TO: (Name and Address) <u>LexisNexis Document Solutions</u> <u>P. O. Box 2969</u> <u>Springfield, Illinois 62708</u> <u>A1686340-2</u>	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME <u>The Rock of Gibraltar Mtg. LLC</u>				
OR				
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS <u>4036 So. 6th, Suite 3</u>		CITY <u>Klamath Falls</u>	STATE <u>OR</u>	POSTAL CODE <u>79603</u>
1d. TAX ID #: SSN OR EIN <u>93-1318070</u>		1e. TYPE OF ORGANIZATION <u>Limited Liability Company</u>		1f. JURISDICTION OF ORGANIZATION <u>USA</u>
1g. ORGANIZATIONAL ID #, if any				<input type="checkbox"/> NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME				
OR				
2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
2d. TAX ID #: SSN OR EIN		2e. TYPE OF ORGANIZATION		2f. JURISDICTION OF ORGANIZATION
2g. ORGANIZATIONAL ID #, if any		<input type="checkbox"/> NONE		

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME <u>California Bank & Trust</u>				
OR				
3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS <u>13545 Barrett Parkway Drive, Suite 335</u>		CITY <u>Ballwin</u>	STATE <u>MO</u>	POSTAL CODE <u>63021</u>

4. This FINANCING STATEMENT covers the following collateral:

ALL OF DEBTORS' NOW OWNED AND HEREAFTER ACQUIRED EQUIPMENT, ACCOUNTS, ACCOUNTS RECEIVABLES, CHATTEL PAPER, DOCUMENTS, INVENTORY, CONTRACT RIGHTS, GENERAL INTANGIBLES, LEASEHOLD IMPROVEMENTS, AND FIXTURES, TOGETHER WITH ALL ADDITIONS, ATTACHMENTS, SUBSTITUTIONS, ACCESSORIES, REPLACEMENTS, PARTS, AND PROCEEDS THEREOF, INCLUDING INSURANCE PROCEEDS.

SEE ATTACHED UCC FINANCING STATEMENT ADDENDUM

5. ALTERNATIVE DESIGNATION (if applicable):		<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR	<input type="checkbox"/> SELLER/BUYER	<input type="checkbox"/> AG. LIEN	<input type="checkbox"/> NON-UCC FILING
6. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS. Attach Addendum (if applicable)		7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (optional) (ADDITIONAL FEE)		All Debtors		Debtor 1	Debtor 2
8. OPTIONAL FILER REFERENCE DATA							

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME The Rock of Gibraltar Mtg. LLC		
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME
		MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

State of Oregon, County of Klamath

Recorded 08/23/01 at 9:53a m.

In Vol. M01 Page 42803

Linda Smith,

County Clerk Fee \$ 26⁰⁰

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11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names

11a. ORGANIZATION'S NAME				
OR	11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY
11d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any
				<input type="checkbox"/> NONE

12. ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

12a. ORGANIZATION'S NAME				
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
12c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☒ fixture filing.

14. Description of real estate:

16. Additional collateral description:

THIS FINANCING STATEMENT COVERS FIXTURES AND IS A FIXTURE FILING. The execution and/or filing of this Financing Statement does not imply that the goods described herein are or are to become fixtures. The filing hereof is intended merely to protect the parties hereto from unwarranted assertions by third parties that the goods other than personal property. This Financing Statement is to be recorded in the real estate records and covers goods including those which are or are to become fixtures that certain real property described hereon. The property is located at 4036 S. 6th Street, Ste. 3, Klamath Falls, OR 97603.

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

Shirley F. Hilyard
6850 Hilyard Avenue
Klamath Falls, OR 97603

17. Check only if applicable and check only one box.Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate18. Check only if applicable and check only one box.☐ Debtor is a TRANSMITTING UTILITY☐ Filed in connection with a Manufactured-Home Transaction — effective 30 years☐ Filed in connection with a Public-Finance Transaction — effective 30 years