C FINANCING STAT	d back) CAREFULLY	Re V	ecorded 05 of M02 Pg	regon, County of 106/2002 8 34 8 26 6 2 6 6 2 6 6 2 6 6 2 6 6 6 2 6	<u>u </u>	
NAME & PHONE OF CONTACT A MARK MCKENZIE (40	NT FILER (optional) 02) 633-7637	Fo	ce \$ 26°	County Clerk # of Pgs	2	
SEND ACKNOWLEDGMENT TO:	(Name and Address)					
		7				
FIRST NATIONAL E	EQUIPMENT FINANCING, INC.					
P.O. BOX 2137						
OMAHA, NE 68103	3-2137	ì				
					nki V	
			SPACE IS FOR	R FILING OFFICE USE	ONLY	
DEBTOR'S EXACT FULL LEGA	L NAME - insert only <u>one</u> debtor name (1a	or 1b) - do not abbreviate or compine names				
18. ORGANIZATION S NAME						
1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX	
BAKER		JACK	M.	Incorn cons	COUNTRY	
MAILING ADDRESS		KLAMATH FALLS	OR	POSTAL CODE 97603	USA	
375 HWY 39		1f. JURISDICTION OF ORGANIZATION	i	NIZATIONAL ID #, if any	100	
TAX ID #: SSN OR EIN ADD'L INFO RE 16. TYPE OF ORGANIC		11: JURISDICTION OF CREATIZATION	III. ORGANIZATIONALIO W. II aliy			
ORGANI						
ORGANII DEBTOR	L		1			
ORGANII DEBTOR ADDITIONAL DEBTOR'S EXAC	L	lebtor name (2a or 2b) - do not abbreviate or comb	ine names			
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ORGANIC DEBTOR ADDITIONAL DEBTOR'S EXAC 2a. ORGANIZATION'S NAME	L	lebtor name (2a or 2b) - do not abbreviate or comb	MIDOLE	NAME	SUFFIX	
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ICC FINANCING STATI							
NAME OF FIRST DEBTOR (1a or							
9a. ORGANIZATION'S NAME							
٧	FIRST NAME		MIDDLE NAME, SUFFIX				
96. INDIVIDUAL'S LAST NAME BAKER	JACK		M.				
), MISCELLANEOUS:							
						S FOR FILING OFFIC	SE USE ONLY
	T FULL LEGAL NAME - insert only one ne	ame ((1a or 11b) - do not abbrevi	ate or combine name	# S		
11a. ORGANIZATION'S NAME							
OR 11b. INDIVIDUAL'S LAST NAME		FIRS	FIRST NAME		MIDDLE NAME		SUFFIX
(ID. INDIVIDUALS DAG I WANE							
1c. MAILING ADDRESS		ar	<u> </u>		STATE	POSTAL CODE	COUNTRY
		}					
1d. TAX ID #: SSN OR EIN ADD'L INF	O RE 11e. TYPE OF ORGANIZATION	11f.	JURISDICTION OF ORGAN	IIZATION	11g. ORG	ANIZATIONAL ID#, if a	ny
ORGANIZA DEBTOR	ATION	<u>L.</u>			<u></u>		N
2. ADDITIONAL SECURED PA	ARTY'S at ASSIGNOR S/P'S	NA	ME - insert only <u>one</u> name	(12a or 12b)			
12a. ORGANIZATION'S NAME							
R		Tein	TALAME		IMIDOLE	NAME	SUFFIX
12b. INDIVIDUAL'S LAST NAME	12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME SUFFIX		
0. 1444 W.O. 40000555		CITY			STATE	POSTAL CODE	COUNTRY
2c. MAILING ADDRESS			,				
3. This FINANCING STATEMENT covers	timber to be cut or as-extracted	16.	Additional collateral descri	ption:		1	
collateral, or is filed as a 💢 fixture fi							
4. Description of real estate:							
GOVERNMENT LOTS 2, 3, 4 A	ND 10, LYING NORTH OF THE						
LOST RIVEH IN SECTION 31, 1 10 EAST, KLAMATH COUNTY,	TOWNSHIP 39 SOUTH, RANGE OREGON.						
TO EACH, REMARKS							
		İ					
		Ì					
5. Name and address of a RECORD OW							
(if Debtor does not have a record inter	es t):						
		_					
		1	Check only if applicable ar				Decedent's E
		1	btor is a Trust or Tr			property held in trust or	Decedeur & Ci
		18	1		Μ.		
		╟	Debtor is a TRANSMITTIN Filed in connection with a		Transaction	n — effective 30 years	
		-	Filed in connection with a				
		!L	Leed in consection with a	FUDIO-FINANCE ITAN			