FOL	CC FINANCING STATEMENT LOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional]	Record Vol M Linda	led 08/27 02, Pg Smith, (on, County of 1 1/2002 <u>/0:07</u> 4/7038 - 30 County Clerk # of Pgs2	<u>a ·</u> m.
	TIDEWATER CREDIT SERVICES P.O. BOX 13306 Chesapeake, VA 23325	5			
<u> </u>	21-am10:07		ACE IS FO	R FILING OFFICE USE	ONLY
1.	DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a 1a. ORGANIZATION'S NAME	or 1b) - do not abbreviate or combine names		TOTAL PROPERTY OF THE PROPERTY	
OR	16. INDIVIDUAL'S LAST NAME THEIN	FIRST NAME MICHAEL	MIDDLE	NAME	SUFFIX
1c.	MAILING ADDRESS 3939 S 6TH ST PMB 119	KLAMATH FALLS	STATE	97603	COUNTRY
	3333 3 01	NEAMAINFALLS			
1d.	TAX ID #: SSN OR EIN ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR	11. JURISDICTION OF ORGANIZATION		ANIZATIONAL ID #, if any	☐ NONE
	TAX ID #: SSN OR EIN ADD'L INFO RE 16. TYPE OF ORGANIZATION ORGANIZATION DEBTOR CHARACTER CONTROL OF THE CONTRO	11. JURISDICTION OF ORGANIZATION	1g. ORGA		NONE
2. /	TAX ID #: SSN OR EIN ADD'L INFO RE 10. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	11. JURISDICTION OF ORGANIZATION	1g. ORGA		NONE
	TAX ID #: SSN OR EIN ADD'L INFO RE 16. TYPE OF ORGANIZATION ORGANIZATION DEBTOR CHARACTER CONTROL OF THE CONTRO	11. JURISDICTION OF ORGANIZATION	1g. ORGA	NIZATIONAL ID #, if any	SUFFIX
2. /	TAX ID #: SSN OR EIN ADD'L INFO RE 16. TYPE OF ORGANIZATION STATE OF THE STAT	1f. JURISDICTION OF ORGANIZATION Jebtor name (2a or 2b) - do not abbreviate or combine	1g, ORGA	NIZATIONAL ID #, if any	
2. / OF	TAX ID #: SSN OR EIN ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR 16. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 20. ORGANIZATION'S NAME 20. INDIVIDUAL'S LAST NAME	1f. JURISDICTION OF ORGANIZATION Jebtor name (2a or 2b) - do not abbreviate or combine	1g. ORGA	NAME	SUFFIX
2. / OF 2c.	TAX ID #: SSN OR EIN ORGANIZATION ORGANIZATI	1f. JURISDICTION OF ORGANIZATION Jebtor name (2a or 2b) - do not abbreviate or combine FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION	1g. ORGA	NAME POSTAL CODE	SUFFIX
2. / OF 2c.	TAX ID #: SSN OR EIN ORGANIZATION ORGANIZATION'S NAME ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one of the content	1f. JURISDICTION OF ORGANIZATION Jebtor name (2a or 2b) - do not abbreviate or combine FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION	1g. ORGA	NAME POSTAL CODE	SUFFIX
2. / OF 2c.	TAX ID #: SSN OR EIN ORGANIZATION ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST NAME MAILING ADDRESS TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNORGANIZATION'S NAME ORGANIZATION'S NAME ORGANIZATION'S NAME ORGANIZATION'S NAME ORGANIZATION'S NAME	1f. JURISDICTION OF ORGANIZATION Jebtor name (2a or 2b) - do not abbreviate or combine FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION	1g. ORGA	NAME POSTAL CODE ANIZATIONAL ID #, if any	SUFFIX

AWNING/SCREEN ROOM:

17 FT STRIPED AWNING, UNIVERSAL HARDWARE, 17 FT ROLLERBAR ASSEMBLY, 17 FT COVER, CLEANING/MAINTENANCE KIT, 17 FT SCREEN ROOM FRONT AND SIDES, PATIO LIGHTS, RAINAWAY ARCHES, WARRANTY.

\$1909.02

PHYSICAL ADDRESS:15210 STAGE COACH RD, KLAMATH FALLS, OR 97601

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR	CONSIGNEE/CONSIGNOR BAILEE/BAILO	R SELLER/BUYER AG. LIEN NON-UCC FILI	ING
6. This FINANCING STATEMENT is to be filed [for record] (or recorded) ESTATE RECORDS. Attach Addendum) in the REAL 7. Check to REQUEST SEARCH RE	PORT(S) on Debtor(s) All Debtors Debtor 1 Debtor	or 2
8. OPTIONAL FILER REFERENCE DATA			
383-138159			

9. NAME OF FIRST DEBTOR (1a or 9a. ORGANIZATION'S NAME	TEMENT				
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
THEIN	MICHAEL				
0. MISCELLANEOUS:		THE A	BOVE SPACE I	S FOR FILING OFFIC	CE USE ONLY
1. ADDITIONAL DEBTOR'S EXACTION'S NAME	FULL LEGAL NAME - insert only <u>one</u> n	ame (11a or 11b) - do not abbreviate or combin	ne names		
11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	IAME	SUFFIX
1c. MAILING ADDRESS	7	СІТУ	STATE	POSTAL CODE	COUNTRY
1d. TAX ID #: SSN OR EIN ADD'L INF ORGANIZA DEBTOR	O RE 11e. TYPE OF ORGANIZATION TION	11f. JURISDICTION OF ORGANIZATION	11g. ORG	ANIZATIONAL ID #, if a	nyNon
2. ADDITIONAL SECURED PA	RTY'S or ASSIGNOR S/P'S	NAME - insert only one name (12a or 12b)			
12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
2c. MAILING ADDRESS		СПУ	STATE	POSTAL CODE	COUNTRY
3. This FINANCING STATEMENT covers collateral, or is filed as a 1 fixture file. 4. Description of real estate: 15210 STAGE COAKLAMATH FALLS, KLAMATH RIVER ABLOCK 1 LOT 10	ACH ROAD OR 97601	16. Additional collateral description:	•		
Name and address of a RECORD OW! (if Debtor does not have a record intere	NER of above-described real estate st):	17. Check only if applicable and check only Debtor is a Trust or Trustee acting 18. Check only if applicable and check only Debtor is a TRANSMITTING UTILITY	g with respect to pr	roperty held in trust or	Decedent's Esta