

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME &amp; PHONE OF CONTACT AT FILER (optional)

UCC Filing Desk - (503) 443-1822

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

US Corporate Services

12750 SW Pacific Highway, Suite 201

Tigard, OR 97223

State of Oregon, County of Klamath

Recorded 02/24/2003 8:21 a.m.Vol M03 Pg 10773-75

Linda Smith, County Clerk

Fee \$ 31.00 # of Pgs 3P828571

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

KATHRYN E. NICHOLSON, D.M.D., P.C.

OR 1b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

1c. MAILING ADDRESS

CITY

26250 WASHBURN WAY, SUITE 240

KLAMATH FALLS

STATE

97601

COUNTRY  
USA

1d. TAX ID #: SSN OR EIN

ADD'L INFO RE

ORGANIZATION

DEBTOR

1e. TYPE OF ORGANIZATION

1f. JURISDICTION OF ORGANIZATION

1g. ORGANIZATIONAL ID #, if any

118738-90

 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

COUNTRY

2d. TAX ID #: SSN OR EIN

ADD'L INFO RE

ORGANIZATION

DEBTOR

2e. TYPE OF ORGANIZATION

2f. JURISDICTION OF ORGANIZATION

2g. ORGANIZATIONAL ID #, if any

 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.S. BANK NATIONAL ASSOCIATION

OR 3b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

3c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

555 SW OAK STREET PD-OR-P7LD

PORTLAND

OR

97204

USA

4. This FINANCING STATEMENT covers the following collateral:

All of the following whether now owned or existing or hereafter acquired by the Debtor (or by the Debtor with spouse), wherever located (including all documents, general intangibles, additions and accessions, spare and repair parts, special tools, replacements, returned or repossessed goods and books and records relating to the following; and all proceeds, supporting obligations and products of the following: All Fixtures;

The following, whether constituting farm products, equipment, inventory, fixtures or other collateral; SEE ATTACHED EXHIBIT -A-.

Other than the sale or lease of inventory in the ordinary course of Debtor's business, the purchase by or pledge to another party of any of the above described collateral violates the rights of the Secured Party.

5. ALTERNATIVE DESIGNATION (if applicable)	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. <input checked="" type="checkbox"/> 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						

02-0013584287 NOTE34

## 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 <b>KATHRYN E. NICHOLSON, D.M.D., P.C.</b>		
OR		
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

## 10. MISCELLANEOUS:

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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
12. <input type="checkbox"/> ADDITIONAL SECURED PARTY'S OR <input type="checkbox"/> 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  lumber to be cut or  as-extracted collateral, or is filed as a  fixture filing

16. Additional collateral description:

14. Description of real estate:

SEE ATTACHED EXHIBIT -A-

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

## 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 Estate

## 18. 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

EXHIBIT A

MUST BE ATTACHED TO UCC-1 FINANCING STATEMENT

SECURED PARTY: U.S. BANK N.A.

DEBTOR(S): KATHRYN E. NICHOLSON, D.M.D., P.C.

0013584287

10775

Financing Statement Attachment

Legal description of the Real Estate:

A TRACT OF LAND SITUATED IN LOT 2, BLOCK 6, TRACT 1080, WASHBURN PARK, ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMATH COUNTY, OREGON, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT THE NORTHEAST CORNER OF SAID LOT 2; THENCE SOUTH 00 DEGREES 04' 50" WEST ALONG WASHBURN WAY, 350.00 FEET; THENCE NORTH 89 DEGREES 55' 10" WEST PARALLEL TO THE NORTH LINE OF SAID LOT 2, 250.00 FEET; THENCE NORTH 00 DEGREES 04' 50" EAST 350.00 FEET TO THE NORTH LINE OF SAID LOT 2; THENCE SOUTH 89 DEGREES 55'10" EAST 250.00 FEET TO THE POINT OF BEGINNING, WITH BEARINGS BASED ON SAID TRACT 1080, WASHBURN PARK.

Unofficial  
Copy