JCC FINANCING STATEMENT OLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]	State of Record Vol Mo	of Oregon, ed 05/27/20 03 Pg <u>み</u> 気	Page 3 5 County of Kla 3 2 5 2 3 7 - 39 nty Clerk # of Pgs 3	ımath
Commercial Loan Service Center 714 Main Street 3rd Floor Klamath Falls, OR 97601				
DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a)		SPACE IS FO	R FILING OFFICE US	E ONLY
1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
NORRIS 1c. MAILING ADDRESS PO BOX 129	CITY BEATTY	STATE	97621	COUNTRY
1d. TAX ID #: SSN OR EIN ADD'L INFO RE 10. TYPE OF ORGANIZATION ORGANIZATION DEBTOR Individual	11. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID #, if any	, X
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one 2a. ORGANIZATION'S NAME	debtor name (2a or 2b) - do not abbreviate or cor	nbine names		
OR 2b. INDIVIDUAL'S LAST NAME NORRIS	FIRST NAME RANDY	MIDDLE	MIDDLE NAME	
2c. MAILING ADDRESS PO BOX 129	BEATTY	STATE	97621	COUNTRY
2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR Individual	21. JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID#, if an	y X N
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNO 3a. ORGANIZATION'S NAME Klamath First Federal Savings & Loan Associ		or 3b)		
OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	MIDDLE NAME	
3c. MAILING ADDRESS 540 Main Street	спү Klamath Falls	STATE	POSTAL CODE 97601	COUNTRY
4. This FINANCING STATEMENT covers the following collateral: All Fixtures; whether any of the foregoing is ow replacements, and substitutions relating to any foregoing; all proceeds relating to any of the for proceeds)	ned now or acquired later; a of the foregoing; all records egoing (including insurance,	ll accessio of any kind general in	ns, additions, I relating to an tangibles and a	y of the accounts

5. ALTERNATIVE DESIGNATION (if applicable): LESSEE/LESSOR CONSIGNEE/CONSIGNOR

6. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL (if applicable) 7. Check to for estate RECORDS. Attach Addendum

8. OPTIONAL FILER REFERENCE DATA

7. OPTIONAL FILER REFERENCE DATA 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (optional) NON-UCC FILING AG. LIEN

LLOW INSTRUCTIONS (front and ba	CR) CAREFULLT				
NAME OF FIRST DEBTOR (1a or 1	b) ON RELATED FINANCING STAT	EMENT			
9a. ORGANIZATION'S NAME					
9b. INDIVIDUAL'S LAST NAME NORRIS	FIRST NAME LINDA	MIDDLE NAME, SUFFIX			
MISCELLANEOUS:					
	THE LEGAL MANE STATE OF THE PARTY OF THE PAR			IS FOR FILING OFFI	CE USE ONLY
. ADDITIONAL DEBTOR'S EXACT	FULL LEGAL NAME - Insert only one	debtor name (11a or 11b) - do not abbreviate	Or COMPUTATION		
11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
c. MAILING ADDRESS		СПУ	STATE	POSTAL CODE	COUNTRY
d. TAX ID #: SSN OR EIN ADD'L INFO ORGANIZAT DEBTOR	RE 11e. TYPE OF ORGANIZATION ION	11f. JURISDICTION OF ORGANIZATION	11g. OR	GANIZATIONAL ID#, if a	ny 🔲
ADDITIONAL SECURED PAR 12a. ORGANIZATION'S NAME	RTY'S of Assignor S/P'S N	IAME - insert only <u>one</u> name (12a or 12b)			
12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME SUFFIX		
C. MAILING ADDRESS		cmy	STATE	POSTAL CODE	COUNTR
TOWNSHIP 37 SOUTH,		16. Additional collateral description:		•	
•		*			
i. Name and address of a RECORD OWN (if Debtor does not have a record interes					
		17. Check <u>only</u> if applicable and check <u>o</u>		nerty held in trust or	Decedent's Estat
		18. Check only if applicable and check on the check of the ch		perty neid in trust or	Coupueit 5 E308
		Debtor is a TRANSMITTING UTILITY			
		Filed in connection with a Manufactur		n — effective 30 years	
		1			
		Filed in connection with a Public-Fina	nce transaction —	mecuve for 50 years	

LOW INSTRUCTIONS (front and	or 1b) ON RELATED FINANCING STATI	EMENT			
9a. ORGANIZATION'S NAME	BE 1B) ON RECEIVED I HOUSE OF				
98. OKGANIZATIONS NAME					
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
NORRIS	LINDA				
MISCELLANEOUS:					
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		l l			
		THE AS	SOVE SPACE	IS FOR FILING OFFIC	CE USE ONL
		tables name (11a or 11b) , do not abbreviate Of	combine names		
	ACT FULL LEGAL NAME - Insert only one	debtor name (11a or 11b) - do not abbreviate or	COMBINE MANIOS		
11a. ORGANIZATION'S NAME					
			MIDDLE	NAME	SUFFIX
11b. INDIVIDUAL'S LAST NAME		FIRST NAME	IMICOLE		
				T	COUNT
MAILING ADDRESS		СПУ	STATE	POSTAL CODE	COOKII
. TAX ID #: SSN OR EIN ADD'L I	NFO RE 11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. OR	GANIZATIONAL ID#, if as	_
ORGAN	NIZATION	1	1		
DEBTO	PARTY'S or ASSIGNOR S/P'S N	AME - insert only one name (12a or 12b)			
	PARTYS of ASSIGNOR SIT ON	THE THIS COMPANY OF THE PARTY O			
12a. ORGANIZATION'S NAME					
		T	MIDDLE	NAME	SUFFIX
12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDEL	TACIONE.	
				T	COUNT
: MAILING ADDRESS		CITY	STATE	POSTAL CODE	COON
TO THE PARTY OF THE PARTY OF	ers timber to be cut or as-extracted	16. Additional collateral description:			
collateral, or is filed as a fixture	filing				
Description of real estate:	mug.	1			
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COODDING TO THE	OFFICIAL PLAT THEREOF				
N FILE IN THE O	FFICE OF THE COUNTY				
CI FRK OF KLAMATH	FFICE OF THE COUNTY COUNTY, OREGON				
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		7			
	manufill at the second control of the				
Name and address of a RECORD (if Debtor does not have a record it	OWNER of above-described real estate				
fill hantol goes tor uses a recold in					
		17. Check only if applicable and check only	y one box.	,	l
			with respect to pr	operty held in trust or	Decedent's Es
		Debtor is a Trust or Trustee acting			
		Debtor is a Trust or Trustee acting 18. Check only if applicable and check only	y one box.		
		18. Check only if applicable and check only	y one box.		
		18. Check only if applicable and check only Debtor is a TRANSMITTING UTILITY	y one box.	on — effective 30 years	
		18. Check only if applicable and check only	y one box. I-Home Transacti		