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				1	MO3	_Page7	9522		
K	CC FINANCING	STATEM	ENT	State of Oregon, County of Klamath Recorded 10/27/03 //: 4/\alpha m Vol M03 Pg 79522 - 23					
O	LLOW INSTRUCTIONS	(front and back) (	CAREFULLY						
A.	NAME & PHONE OF CONTACT AT FILER (optionsi) SEND ACKNOWLEDGEMENT TO: (Name and Address)			Linda Fee \$	Smith, Cour	nty Clerk # of Pgs	_		
В.									
	956 Nor P.O. Box	ton Mutual thwest Bond 1226 R 97701	Bank d Street						
4	DEPTOPIS EVACT E	III I EQAL MANA			E SPACE IS PO	R FILING OFFICE U	BE ONLY		
1.	1a. ORGANIZATION'S N		E - insert only <u>one</u> debtor name (1a c	or 1b) - do not abbreviete or combine names					
	MAX & MIKE,	LLC							
æ				FIRST NAME	MIDDLE	MIDDLE NAME SUFF			
	MALING ADDRESS 1765 SW Parkway Drive			Redmond	STATE	POSTAL CODE 97756	COUNTRY		
1	766 SW Parkwa	IY Drive			On	07700	001		
	766 SW Parkwa TAXID #: SSN OR EN		10. TYPE OF ORGANIZATION Limited Liability Co.	11. JURISDICTION OF ORGANIZATION	1g. ORG	ANIZATIONAL ID #, IF any	,		
ld	TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	Limited Liability Co.	11. JURISDICTION OF ORGANIZATION	1g. ORG 7111	ANIZATIONAL ID #, If am	,		
d ≥. /	TAX ID #: SSN OR EIN  ADDITIONAL DEBTOI  20. ORGANIZATION'S N	ADD'L INFO RE ORGANIZATION DEBTOR R'S EXACT FULL AME	Limited Liability Co.	11. JURISDICTION OF ORGANIZATION OR OR sbor name (2a or 2b) - do not abbreviate or cor	1g. ORG 7111 mbine names	ANIZATIONAL ID #, If any	/ □ NC		
ld 2. /	TAX ID #: SSN OR EIN  ADDITIONAL DEBTOR  2a. ORGANIZATION'S N	ADD'L INFO RE ORGANIZATION DEBTOR R'S EXACT FULL AME	Limited Liability Co.	11. JURISDICTION OF ORGANIZATION OR	1g. ORG 7111	ANIZATIONAL ID #, If any			
id 2. /	TAX ID #: SSN OR EIN  ADDITIONAL DEBTOI  20. ORGANIZATION'S N	ADD'L INFO RE ORGANIZATION DEBTOR R'S EXACT FULL AME	Limited Liability Co.	11. JURISDICTION OF ORGANIZATION OR OR sbor name (2a or 2b) - do not abbreviate or cor	1g. ORG 7111 mbine names	ANIZATIONAL ID #, If any	, □ NO		
XR	TAX ID IF: SSN OR EIN  ADDITIONAL DEBTOR  2a. ORGANIZATION'S N.  2b. INDIVIDUAL'S LAST	ADD'L INFO RE ORGANIZATION DESTOR R'S EXACT FULL AME	Limited Liability Co.	11. JURISDICTION OF ORGANIZATION OR short name (2a or 2b) - do not abbreviate or cor	1g. ORG. 7111 mbine names MIDDLE	ANIZATIONAL ID #, If any I 16-83	SUFFIX COUNTRY		
2c. 2d.	TAX ID #: SSN OR EIN  ADDITIONAL DEBTOF  2a. ORGANIZATION'S N.  2b. INDIVIDUAL'S LAST  MAILING ADDRESS  TAX ID # SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR R'S EXACT FULL AME NAME ADD'L INFO RE ORGANIZATION DEBTOR	Limited Liability Co.  LEGAL NAME - Insert only one de	11. JURISDICTION OF ORGANIZATION OR abtor name (2a or 2b) - do not abbreviate or oor FIRST NAME CITY 21. JURISDICTION OF ORGANIZATION	1g. ORG 7111 mbine names MIDDLE STATE 2g. ORG	ANIZATIONAL ID #, If any I 18-83 NAME	SUFFIX COUNTRY		
Z. A	TAX ID #: SSN OR EIN  ADDITIONAL DEBTOF  2a. ORGANIZATION'S N.  2b. INDIVIDUAL'S LAST  MAILING ADDRESS  TAX ID # SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR R'S EXACT FULL AME  NAME  ADD'L INFO RE ORGANIZATION DEBTOR  NAME (or NAME	Limited Liability Co.  LEGAL NAME - Insert only one de	11. JURISDICTION OF ORGANIZATION OR soldor name (2a or 2b) - do not abbreviate or cor FIRST NAME	1g. ORG 7111 mbine names MIDDLE STATE 2g. ORG	ANIZATIONAL ID #, If any I 18-83 NAME	SUFFIX COUNTRY		
Z. A	TAX ID #: SSN OR EIN  ADDITIONAL DEBTO!  2a. ORGANIZATION'S N.  2b. INDIVIDUAL'S LAST  MAILING ADDRESS  TAX ID # SSN OR EIN  SECURED PARTY'S  3a. ORGANIZATION'S N.  Washington N.	ADD'L INFO RE ORGANIZATION DEBTOR R'S EXACT FULL AME NAME ADD'L INFO RE ORGANIZATION DEBTOR NAME (or NAME AME Jutual Bank	Limited Liability Co.  LEGAL NAME - Insert only one de	11. JURISDICTION OF ORGANIZATION OR abtor name (2a or 2b) - do not abbreviate or oor FIRST NAME CITY 21. JURISDICTION OF ORGANIZATION	1g. ORG 7111 mbine names MIDDLE STATE 2g. ORG	ANIZATIONAL ID #, If any I 18-83  NAME  POSTAL CODE  ANIZATIONAL ID #, If any	SUFFIX COUNTRY		
xR xc.	TAX ID #: SSN OR EIN  ADDITIONAL DEBTOI  2a. ORGANIZATION'S N.  2b. INDIVIDUAL'S LAST  MAILING ADDRESS  TAX ID # SSN OR EIN  SECURED PARTY'S  3a. ORGANIZATION'S N.  Washington N.	ADD'L INFO RE ORGANIZATION DEBTOR R'S EXACT FULL AME NAME ADD'L INFO RE ORGANIZATION DEBTOR NAME (or NAME AME Jutual Bank	Limited Liability Co.  LEGAL NAME - Insert only one de	11. JURISDICTION OF ORGANIZATION OR short name (2a or 2b) - do not abbreviate or confirm the confirmation of the confirmation	Ig. ORG. 7111 mbine names  MIDDLE  STATE  2g. ORG	ANIZATIONAL ID #, If any I 18-83  NAME  POSTAL CODE  ANIZATIONAL ID #, If any	SUFFDX COUNTRY		

5. ALTERNATIVE DESIGNATION [If applicable]: LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. A This FRANCING STATEMENT is to be fied for record (or recorder  A ESTATE RECORDS. Attach Addendary	f applicable) 7. Check to R	LEQUEST SEARCH REPO	RT(3) on Debtor(s)	All Debtors	Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA					

	C FINANCING		ENT ADDENDUM						
			N RELATED FINANCING STAT	TEMEN	Ť	1			
	MAX & MIKE, LLC								
OR	96. INDIVIDUAL'S LAST N	IAME	FIRST NAME		MIDDLE NAME, SUFFIX	1			
10.	MISCELLANEOUS:					1			
						THE ABOVE	SPACE	IS FOR FILING OFFICE	USE ONLY
	ADDITIONAL DEBTO		L LEGAL NAME - Insert only one	debtor n	erne (11a or 11b) - do re	ot abbreviste or comb	ine names		
	THE GROWING IN								
OR	116. INDIVIDUAL'S LAST	NAME	<del>.</del> <del></del>	FIRST	NAME	<del></del>	MIDDLE	VAME	SUFFIX
116	MAILING ADDRESS	<del></del>	<del></del> .	ату		<del></del>	STATE	POSTAL CODE	COUNTRY
11d.	TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11s. TYPE OF ORGANIZATION	111 JI	JRIBDICTION OF ORG	ANIZATION	11g. ORG	SANIZATIONAL ID #, If any	NONE
12.			S ⊈ ASSIGNOR S/P'S N	AME -	neert only <u>one</u> name (12	la or 12b)			
	12s. ORGANIZATION'S N	IAME							
OR	12b. INDIVIDUAL'S LAST	NAME	· <del></del>	FRST	NAME		MIDDLE	VAME	SUFFIX
12c.	MAILING ADDRESS			CITY		•	STATE	POSTAL CODE	COUNTRY
13.	This FINANCING STATEM colleteral, or is filed as a	ENT covers time	per to be out or as-extracted	16. A	dditional colleteral desc	ription	<del></del>	· · · · · · · · · · · · · · · · · · ·	
14.	Description of real estate:	•		ł					
in Cc Ki	the office of ounty, Oregon. ommonly know lamath Falls, (	the County The Prope on as 25	1/2 of 16 in Block the city of Klamath il plat thereof on file y Clerk of Klamath erty or it address is 530 Shasta Way, Property Tax ID						
υ.	30456								
	Name and address of a RE (If Debtor does not have a		above-described real estate						
					heck <u>only</u> if applicable s				<del></del>
	·			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.					
				16. Check only if applicable and check only one box.  Debtor is a TRANSMITTING UTILITY					
					ed in connection with a	Manufactured-Home 1	Fransaction	— effective 30 years	
	·			∏FI	ed in connection with a	Public-Finance Transe	ction of	ective for 30 years	