

104 DEC 6 PM 3:26

MTT-67700 SH

Vol M04 Page 83554

State of Oregon, County of Klamath  
 Recorded 12/06/04 3:51 p m  
 Vol M04 Pg 83554-56  
 Linda Smith, County Clerk  
 Fee \$ 2100 # of Pgs 3

# UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional) Stacy Howard 541/885-3401
B. SEND ACKNOWLEDGMENT TO: (Name and Address) AmeriTitle Collection Escrow # PO Box 5017 KFO 97601

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					
OR	1b. INDIVIDUAL'S LAST NAME LETTERS		FIRST NAME JED	MIDDLE NAME S.	SUFFIX
1c. MAILING ADDRESS P.O. Box 954		CITY Klamath Falls	STATE OR	POSTAL CODE 97601	COUNTRY USA
1d. TAX ID # 536-08-8649	SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> 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 <input type="checkbox"/> 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					
OR	3b. INDIVIDUAL'S LAST NAME Ernest R. SESSOM		FIRST NAME ERNEST	MIDDLE NAME R.	SUFFIX
3c. MAILING ADDRESS 1960 LAWRENCE		CITY Klamath Falls	STATE OR	POSTAL CODE 97601	COUNTRY U.S.A.

## 4. This FINANCING STATEMENT covers the following collateral:

Any and all personal property and/or equipment located at 422 S. 5th Street, Klamath Falls, Oregon; including but not limited to computers, <sup>+all equipment used to run the business</sup> program contracts, <sup>equipment all office furniture</sup> phone system, phone lines, desks, accounts payable, accounts receivable, and all office supplies located on the premises.

5. ALTERNATIVE DESIGNATION (if applicable):	<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR	<input type="checkbox"/> SELLER/BUYER	<input type="checkbox"/> AG. LIEN	<input type="checkbox"/> 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) <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2			

## 8. OPTIONAL FILER REFERENCE DATA

3/00

83555

## 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

OR

9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

## 10. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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

☐ NONE12. ☐ ADDITIONAL SECURED PARTY'S or ☐ 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 ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☐ fixture filing.

## 14. Description of real estate:

## 16. Additional collateral description:

## 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 Estate18. 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"**  
**LEGAL DESCRIPTION**

A parcel located in Block 92 of "KLAMATH ADDITION" to the City of Klamath Falls, Township 38 South, Range 9 East, Section 32 of the Willamette Meridian, Klamath County, Oregon, being more particularly described as follows:

Lots 1, 2, 9, 10, the Northerly 27.00 feet of Lots 3 and 8 and that portion of the vacated alleyway per City Ordinance No. 6440 that lies between said Lots in Block 92 of "KLAMATH ADDITION" to the City of Klamath Falls.

Tax Account No:	3809-032AD-10600-000	Key No:	477111
Tax Account No:	3809-032AD-10700-000	Key No:	477120
Tax Account No:	3809-032AD-11000-000	Key No:	477157