

M05-67088

Klamath County, Oregon

10/21/2005 08:31:44 AM

Pages 5 Fee: \$41.00

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

| | |
|--|--|
| A. NAME & PHONE OF CONTACT AT FILER [optional] Diligenz, Inc. 1-800-858-5294 | |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address) 15480915 Prepared By: Diligenz, Inc. 6500 Harbour Heights Pkwy, Suite 400 Mukilteo, WA 98275 | |
| Filed In: Oregon Klamath | |

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 Crawford | | FIRST NAME Charles | MIDDLE NAME L | SUFFIX | |
| 1c. MAILING ADDRESS 414 South 31st St | | | CITY Philomath | STATE OR | POSTAL CODE 97370 | COUNTRY USA |
| 1d. TAX ID #: SSN OR EIN | ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION Individual | 1f. JURISDICTION OF ORGANIZATION OR | 1g. ORGANIZATIONAL ID #, if any | | <input checked="" 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 Crawford | | FIRST NAME Jo Ann | MIDDLE NAME M | SUFFIX | |
| 2c. MAILING ADDRESS 414 South 31st | | | CITY Philomath | STATE OR | POSTAL CODE 97370 | COUNTRY USA |
| 2d. TAX ID #: SSN OR EIN | ADD'L INFO RE ORGANIZATION DEBTOR | 2e. TYPE OF ORGANIZATION Individual | 2f. JURISDICTION OF ORGANIZATION OR | 2g. ORGANIZATIONAL ID #, if any | | <input checked="" 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 Community First Bank | | | | | | |
| OR | 3b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE NAME | SUFFIX | |
| 3c. MAILING ADDRESS P.O. Box 447 | | | CITY Prineville | STATE OR | POSTAL CODE 97754 | COUNTRY USA |

4. This FINANCING STATEMENT covers the following collateral:

EQUIPMENT: All equipment including, but not limited to, machinery, vehicles, furniture, fixtures, manufacturing equipment, farm machinery and equipment, parts and tools. The property includes any equipment described in a list or schedule Debtor give to Secured Party, but such a list is not necessary to create or perfect a valid security interest in all of Debtors equipment.

| | | | | | | | |
|---|--|---|--|--|---------------------------------------|-----------------------------------|---|
| 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) [ADDITIONAL FEE] [optional] | | <input type="checkbox"/> All Debtors | | <input type="checkbox"/> Debtor 1 | <input type="checkbox"/> Debtor 2 |
| 8. OPTIONAL FILER REFERENCE DATA | | | | | | | |

15480915

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

Crawford

FIRST NAME

Charles

MIDDLE NAME, SUFFIX

L

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

Hausotter

FIRST NAME

Paul

MIDDLE NAME

SUFFIX

11c. MAILING ADDRESS

5210 80th Ave SW

CITY

Olympia

STATE

WA

POSTAL CODE

98512

COUNTRY

USA

11d. TAX ID #: SSN OR EIN

ADD'L INFO RE
ORGANIZATION
DEBTOR

11e. TYPE OF ORGANIZATION

Individual

11f. JURISDICTION OF ORGANIZATION

OR

11g. ORGANIZATIONAL ID #, if any

☒ NONE

12. ☐ 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 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

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9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S LAST NAME

Crawford

FIRST NAME

Charles

MIDDLE NAME, SUFFIX

L

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11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S LAST NAME

Hausotter

FIRST NAME

Claudia

MIDDLE NAME

SUFFIX

11c. MAILING ADDRESS

5210 80th Ave SW

CITY

Olympia

STATE

WA

POSTAL CODE

98512

COUNTRY

USA

11d. TAX ID #:

SSN OR EIN

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ORGANIZATION
DEBTOR

11e. TYPE OF ORGANIZATION

Individual

11f. JURISDICTION OF ORGANIZATION

OR

11g. ORGANIZATIONAL ID #, if any

☒ NONE

12. ☐ 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

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Crawford

FIRST NAME

Charles

MIDDLE NAME, SUFFIX

L

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11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S LAST NAME

Duerksen

FIRST NAME

Jerry

MIDDLE NAME

L

SUFFIX

11c. MAILING ADDRESS

2292 NW Kings

CITY

Corvallis

STATE

OR

POSTAL CODE

97330

COUNTRY

USA

11d. TAX ID #: SSN OR EIN

ADD'L INFO RE
ORGANIZATION
DEBTOR

11e. TYPE OF ORGANIZATION

Individual

11f. JURISDICTION OF ORGANIZATION

OR

11g. ORGANIZATIONAL ID #, if any

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FIRST NAME

MIDDLE NAME

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MIDDLE NAME, SUFFIX

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OR

11b. INDIVIDUAL'S LAST NAME

Duerksen

FIRST NAME

Rebecca

MIDDLE NAME

J

SUFFIX

11c. MAILING ADDRESS

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CITY

Corvallis

STATE

OR

POSTAL CODE

97330

COUNTRY

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OR

12b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

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CITY

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