

**M05-71677**

Klamath County, Oregon

12/23/2005 08:47:50 AM

Pages 3 Fee: \$31.00

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|                                                                                                                                                               |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| A. NAME & PHONE OF CONTACT AT FILER [optional]<br>Diligenz, Inc. 1-800-858-5294                                                                               |  |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><br>16621962<br>Prepared By:<br>Diligenz, Inc.<br>6500 Harbour Heights Pkwy, Suite 400<br>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<br>AVALON SALON LLC |                            |                                   |                                 |                                        |                                                                               |                |
| OR                                          | 1b. INDIVIDUAL'S LAST NAME |                                   | FIRST NAME                      | MIDDLE NAME                            | SUFFIX                                                                        |                |
| 1c. MAILING ADDRESS<br>2212 KIMBERLY DR     |                            |                                   | CITY<br>KLAMATH FALLS           | STATE<br>OR                            | POSTAL CODE<br>97603                                                          | COUNTRY<br>USA |
| 1d. TAX ID #                                | SSN OR EIN                 | ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION<br>LLC | 1f. JURISDICTION OF ORGANIZATION<br>OR | 1g. ORGANIZATIONAL ID #, if any<br>OR 324111-91 <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<br>STERLING SAVINGS BANK |                            |  |                 |             |                      |                |
| OR                                               | 3b. INDIVIDUAL'S LAST NAME |  | FIRST NAME      | MIDDLE NAME | SUFFIX               |                |
| 3c. MAILING ADDRESS<br>PO BOX 2131               |                            |  | CITY<br>SPOKANE | STATE<br>WA | POSTAL CODE<br>99210 | COUNTRY<br>USA |

4. This FINANCING STATEMENT covers the following collateral:

ALL ASSETS; WHETHER ANY OF THE FOREGOING IS OWNED NOW OR ACQUIRED LATER; ALL ACCESSIONS, ADDITIONS, REPLACEMENTS AND SUBSTITUTIONS RELATING TO ANY OF THE FOREGOING; ALL RECORDS OF ANY KIND RELATING TO ANY OF THE FOREGOING; ALL PROCEEDS RELATING TO ANY OF THE FOREGOING (INCLUDING INSURANCE, GENERAL INTANGIBLES AND OTHER ACCOUNTS PROCEEDS).

ABBREVIATED LEGAL: PTN L2, B6, TRACT 1080, WASHBURN PARK

TAX ACCT. # 3909-004DA-00900-000 KEY NO. 531393

|                                                                                                                                                                       |                                                                               |                                              |                                                                                                          |                                       |                                   |                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------|-----------------------------------|-----------------------------------------|
| 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<br>0378810358                                                                                                                        |                                                                               |                                              |                                                                                                          |                                       |                                   |                                         |

16621962

## 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

AVALON SALON LLC

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

☐ 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:

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 04'50" WEST, ALONG WASHBURN WAY, 350.00 FEET; THENCE NORTH 89 55' 10" WEST, PARALLEL

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

WESTWIND VILLAGE, LLC  
2650 WASHBURN WAY  
KLAMATH FALLS, OR 97603

16. Additional collateral description:

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

## 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<br>AVALON SALON LLC |                            |            |                     |
| 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 |                               |
|                           |                                   |                           |                                   |                                  | <input type="checkbox"/> 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:

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

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

16. Additional collateral description:

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