## **UCC FINANCING STATEMENT**

Klamath County, Oregon 12/23/2005 08:47:50 AM

M05-71677

Pages 3 Fee: \$31.00

FOLLOW INSTRUCTIONS (front and back) CARE		
A. NAME & PHONE OF CONTACT AT FILER [option	onal]	
Diligenz, Inc. 1-800-858-5294		
B. SEND ACKNOWLEDGMENT TO: (Name and A	Address)	
16621962 Prepared By: Diligenz, Inc. 6500 Harbour Heights Pkwy, Mukilteo, WA 98275	Suite 400	
L	Filed In: Oregon	Klamath

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

	MEROUE			
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				
AVALON SALON LLC				
OR 15. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE N	AME	SUFFIX
1c. MAILING ADDRESS	СПТУ	STATE	POSTAL CODE	COUNTRY
2212 KIMBERLY DR	KLAMATH FALLS	OR	97603	USA
1d. TAX ID #: SSN OR EIN   ADD'L INFO RE   1e. TYPE OF ORGANIZATION	1 1f. JURISDICTION OF ORGANIZATION	1g. ORGA	NIZATIONAL ID #, if any	
ORGANIZATION DEBTOR LLC	OR	OR 3	24111-91	NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only of	one debtor name (2a or 2b) - do not abbreviate or comb	oine names		
2a. ORGANIZATION'S NAME				
OR 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
2c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
20. MAILING ADDRESS				
2d TAX ID # SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION	N 2f JURISDICTION OF ORGANIZATION	2a, ORGA	I ANIZATIONAL ID #, if any	
2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION	21.301(35)61(6)(6)	1-3	•	_
DEBTOR				NONE
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIG	SNOR S/P) - insert only one secured party name (3a or	3b)		
3a. ORGANIZATION'S NAME				
STERLING SAVINGS BANK				
OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
PO BOX 2131	SPOKANE	WA	99210	USA
100000		I	1	

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]:	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
This FINANCING STATEMENT is to be filed	[for record] (or recorded)	in the REAL 7. Check to RE	QUEST SEARCH REPO	RT(S) on Debtor(s)	All Debtors	Debtor 1 Debtor 2
ESTATE RECORDS. Attach Addendum  B. OPTIONAL FILER REFERENCE DATA		III applicable)   TADDITIONA		100000		
						16621962
0378810358						

FOLLOW INSTRUCTIONS (front and					
9. NAME OF FIRST DEBTOR (1a or	F10) ON RELATED FINANCING STA	ATEMENT			
AVALON SALON LLC					
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
10. MISCELLANEOUS:					
		TH	IE ABOVE SPACE	IS FOR FILING OFF	ICE USE ONLY
11. ADDITIONAL DEBTOR'S EXAC	T FULL LEGAL NAME - insert only one r	name (11a or 11b) - do not abbreviate or co	ombine names		
11a. ORGANIZATION'S NAME					
OR 116 INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME:	Tours
		INGTHAIL	MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS		aty	STATE	POSTAL CODE	COUNTRY
					COCITION
11d. TAX ID #: SSN OR EIN ADD'L INFO		11f. JURISDICTION OF ORGANIZATION	1 11g. ORG	GANIZATIONAL ID #, if i	any
DEBTOR		1			NONE
12. ADDITIONAL SECURED PA	RTY'S of ASSIGNOR S/P'S	NAME - insert only one name (12a or 1	2b)		
128. URGANIZATION S NAME					
OR 12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	PHEEIV
			MIDDEL	TOWIE	SUFFIX
12c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
13. This FINANCING STATEMENT covers		16. Additional collateral description:			···
collateral, or is filed as a fixture file  14. Description of real estate:	ing.				
A TRACT OF LAND SITUA	ATED IN LOT 2, BLOCK				
6, TRACT 1080, WASHBU	RN PARK, ACCORDING				
TO THE OFFICIAL PLAT T THE OFFICE OF THE COI					
KLAMATH COUNTY, ORE					
PARTICULARLY DESCRIE	:				
DECINATING AT THE NOD	THE LOT CORNED OF				
BEGINNING AT THE NOR SAID LOT 2; THENCE SO					
ALONG WASHBURN WAY					
THENCE NORTH 89 55' 1	0" WEST, PARALLEL				
<ol> <li>Name and address of a RECORD OWN (if Debtor does not have a record interes</li> </ol>					
WESTWIND VILLAGE, LLO					
2650 WASHBURN WAY	,				
ZODU WASHIDURIN WAT			only one hav		
	603	17. Check only if applicable and check of	-		
KLAMATH FALLS, OR 976	603	Debtor is a Trust or Trustee as	cting with respect to pr	roperty held in trust or	Decedent's Estate
	603	Debtor is a Trust or Trustee at 18. Check only if applicable and check on	eting with respect to promity one box.	roperty held in trust or	Decedent's Estate
	503	Debtor is a Trust or Trustee as	cting with respect to prainly one box.		Decedent's Estate

	1b) ON RELATED FINANCING S	IAIEMENI			
9a. ORGANIZATION'S NAME					
AVALON SALON LLC					
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
MISCELLANEOUS:					
				IS FOR FILING OFF	ICE USE ONLY
. ADDITIONAL DEBTOR'S EXACT	T FULL LEGAL NAME - insert only o	ne name (11a or 11b) - do not abbreviate	or combine names		·
118. ORGANIZATION OTIANIC					
11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLI	NAME	SUFFIX
c. MAILING ADDRESS		СПҮ	STATE	POSTAL CODE	COUNTRY
I. TAX ID #: SSN OR EIN ADD'L INFO ORGANIZA DEBTOR	O RE 116. TYPE OF ORGANIZATION	1 111. JURISDICTION OF ORGANIZ	ATION 11g. OF	RGANIZATIONAL ID #, if	eny
ADDITIONAL SECURED PA	ARTY'S of ASSIGNOR S/	P'S NAME - insert only one name (12	2a or 12b)		
12a. ORGANIZATION'S NAME					
12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDL	E NAME	SUFFIX
c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTR
c. MAILING ADDRESS  3. This FINANCING STATEMENT covers				POSTAL CODE	COUNTR
i. This FINANCING STATEMENT covers collateral, or is filed as a first fixture file. Description of real estate: DITHE NORTH LINE OF SET; THENCE NORTH LIFE TO THE NORTH LIFE TO THE NORTH LIFE SOUTH 89 55' DITHE POINT OF BEGING BASED ON SET TO THE SATE TO THE SATE TO THE POINT OF BEGINGS BASED ON SET TO THE SATE TO THE POINT OF BEGINGS BASED ON SET TO THE SATE TO TH	Ning. F SAID LOT 2, 250.00 00 04' 50" EAST 350.0 NE OF SAID LOT 2; 10" EAST 250.00 FEET NNING, WITH	ted 16. Additional collateral descripti		POSTAL CODE	COUNTR
collateral, or is filed as a fixture file. Description of real estata:  THE NORTH LINE OF SET; THENCE NORTH (SET TO THE NORTH LINE)  THE SOUTH 89 55'  THE POINT OF BEGIT SARINGS BASED ON SEASHBURN PARK.	TIMES.  SAID LOT 2, 250.00 00 04' 50" EAST 350.00 NE OF SAID LOT 2; 10" EAST 250.00 FEET NNING, WITH SAID TRACT 1080,	ted 16. Additional collateral descripti		POSTAL CODE	COUNTR
i. This FINANCING STATEMENT covers collateral, or is filed as a fixture file. Description of real estate:  O THE NORTH LINE OF SET; THENCE NORTH (SET TO THE NORTH LIPET TO THE NORTH LIPET TO THE POINT OF BEGING BASED ON STASHBURN PARK.	TIMES.  SAID LOT 2, 250.00 00 04' 50" EAST 350.00 NE OF SAID LOT 2; 10" EAST 250.00 FEET NNING, WITH SAID TRACT 1080,	16. Additional collateral description	check <u>only</u> one box.		
. This FINANCING STATEMENT covers collateral, or is filed as a fixture fi. Description of real estate:  O THE NORTH LINE OF EET; THENCE NORTH LITED THE NORTH LITED THE NORTH LITED THE POINT OF BEGING ARINGS BASED ON SASHBURN PARK.	TIMES.  SAID LOT 2, 250.00 00 04' 50" EAST 350.00 NE OF SAID LOT 2; 10" EAST 250.00 FEET NNING, WITH SAID TRACT 1080,	16. Additional collateral description	check <u>only</u> one box.		
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