M05-71677

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

Pages 3 Fee: \$31.00

| UC | C FINANCING | STATEMENT | |
|------|---|---|------------------|
| FOLL | OW INSTRUCTION | S (front and back) CAREFULLY | |
| | | ONTACT AT FILER [optional] | |
| 1 | Diligenz, Inc. | 1-800-858-5294 | |
| | | MENT TO: (Name and Address) | |
| | 16621962 Prepared B Diligenz, In 6500 Harbo Mukilteo, W | c. our Heights Pkwy, Suite 400 | |
| | L | Filed In: Oregon | Klamath |
| 1. D | EBTOR'S EXACT F | ULL LEGAL NAME - insert only one debtor name (1a or 1 | b) - do not abbr |
| | 1a. ORGANIZATION'S N | AME | |
| | AVALON SAL | ON LLC | |
| OR | 16. INDIVIDUAL'S LAST | NAME | FIRST NAME |
| | | | |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

| | (b) de est abbecuista os combino gamos | | | |
|---|---|-----------|--------------------------|---------|
| 1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a o | or 10) - do not abbreviate or combine names | | | |
| 1a. ORGANIZATION'S NAME | | - 4 | | |
| AVALON SALON LLC | | Tryppie 6 | 10005 | SUFFIX |
| OR 1b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE N | IAME | SOFFIX |
| | | | | |
| 1c. MAILING ADDRESS | CITY | 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 | 1f. JURISDICTION OF ORGANIZATION | 1g. ORGA | NIZATIONAL ID #, if any | |
| ORGANIZATION LLC | OR | OR 3 | 24111-91 | NONE |
| 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one de | ebtor name (2a or 2b) - do not abbreviate or combine | names | | |
| 2a. ORGANIZATION'S NAME | | | 4. | |
| | | MIDDLE | 16145 | SUFFIX |
| OR 2b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE | MAINE | John |
| | | | | |
| 2c. MAILING ADDRESS | СПУ | STATE | POSTAL CODE | COUNTRY |
| | 1 7 | | | |
| 2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION | 2f. JURISDICTION OF ORGANIZATION | 2g. ORG | ANIZATIONAL ID #, if any | |
| ORGANIZATION DEBTOR | 44 | | | NONE |
| 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR | RS/P) - insert only <u>one</u> secured party name (3a or 3b | | | |
| 3a. ORGANIZATION'S NAME | | _# | - | |
| STERLING SAVINGS BANK | | | | |
| OR 3b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE | NAME | SUFFIX |
| | T | Th | | |
| 3c MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
| | SPOKANE | WA | 99210 | USA |
| PO BOX 2131 | 51 510 litt | | | |

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 | i the REAL 7. Check to REG | QUEST SEARCH REPO | RT(S) on Debtor(s) | All Debtors | Debtor 1 Debtor 2 |
| ESTATE RECORDS. Attach Addendum B. OPTIONAL FILER REFERENCE DATA | | III abbricable! TADDITIONA | Ser / Sea Ser I | 19919-11 | | |
| 0378810358 | | | | | | 16621962 |
| 03/00/0330 | | | | | | |

| UCC FINANCING STATE FOLLOW INSTRUCTIONS (front and be | | М | | | |
|--|---|---|--|---|-------------------|
| 9. NAME OF FIRST DEBTOR (1a or 1 | | STATEMENT | | | |
| 9a. ORGANIZATION'S NAME | 5, 5.77.12577.0317.0317.0 | O I / I I I I I I I I I I I I I I I I I | | | |
| AVALON SALON LLC | | | | | |
| 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME, SUFI | FIX | | |
| 10. MISCELLANEOUS: | | | | | |
| 11. ADDITIONAL DEBTOR'S EXACT I | FIII I I FGAL NAMF . insert only | The name (11a or 11b), do not able | | OVE SPACE IS FOR FILING OFFIC | CE USE ONLY |
| 11a. ORGANIZATION'S NAME | FOLL LEGAL NAME - Insert only | <u>one</u> name (11a or 11b) - do notabb | reviate or combine i | 18Mes | |
| OR 11b. INDIVIDUAL'S LAST NAME | | FIRSTNAME | . 1 | MIDDLE NAME | SUFFIX |
| 11c. MAILING ADDRESS | | ату | iggraph | STATE POSTAL CODE | COUNTRY |
| 11d. TAX ID #: SSN OR EIN ADD'L INFO | | N 11f. JURISDICTION OF ORG | BANIZATION | 11g. ORGANIZATIONAL ID #, if ar | |
| 12. ADDITIONAL SECURED PAR | TVS DASSIGNODS | P'S NAME - insert only one na | | | NONE |
| 12a. ORGANIZATION'S NAME | TTO DE L'ASSIGNOR S | PO NAME - Insert only <u>one</u> nat | me (12a or 12b) | | |
| OR 12b. INDIVIDUAL'S LAST NAME | | FIRST NAME | | MIDDLE NAME | SUFFIX |
| 12c. MAILING ADDRESS | | CITY | 7 | STATE POSTAL CODE | COUNTRY |
| 13. This FINANCING STATEMENT COVERS collateral, or is filed as a first fixture filing 14. Description of real estate; A TRACT OF LAND SITUAT 6, TRACT 1080, WASHBUR TO THE OFFICIAL PLAT TH THE OFFICE OF THE COUNTY, OREGO | TED IN LOT 2, BLOCK IN PARK, ACCORDIN HEREOF ON FILE IN NTY CLERK OF GON, MORE ED AS FOLLOWS: HEAST CORNER OF TH 00 04'50" WEST, 350.00 FEET; | (G | scription: | | |
| 15. Name and address of a RECORD OWNEI (if Debtor does not have a record interest): WESTWIND VILLAGE, LLC 2650 WASHBURN WAY KLAMATH FALLS, OR 9760 | | 17. Check only if applicable Debtor is a Trust or 18. Check only if applicable Debtor is a TRANSMITT | Trustee acting with and check only one | th respect to property held in trust or | Decedent's Estate |
| | | Filed in connection with | a Manufactured-Hor | ne Transaction effective 30 years | |
| | | | | ensaction — effective 30 years | |

| NAME OF EIDOT DERTOR /1~ ~~ 1 | ick) CAREFULLY b) ON RELATED FINANCING | STATEMENT | | | |
|--|---|--------------------------------------|--------------------------------|--------------------------------|-------------|
| 98. ORGANIZATION'S NAME | D) ON RELATED THAN ONCE | | | | |
| AVALON SALON LLC | | | | | |
| 9b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME, SUFFIX | | | |
| | | | | | |
| MISCELLANEOUS: | | | | | |
| | | | THE ABOVE SPA | E IS FOR FILING OFFIC | CE USE ONLY |
| ADDITIONAL DEBTOR'S EXACT | CULL LECAL NAME investority | one name (11s or 11b) - do not abbre | | | |
| . ADDITIONAL DEBTOR'S EXACT | FULL LEGAL NAME - Insert only | one name (118 or 110) - do not above | visite of Cornolina hames | | |
| | | // | | | |
| 11b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDC | LE NAME | SUFFIX |
| : MAILING ADDRESS | - 4 | CITY | STAT | E POSTAL CODE | COUNTRY |
| TAX ID #: SSN OR EIN ADD'L INFO ORGANIZAT DEBTOR | RE 11e. TYPE OF ORGANIZATION | ON 11f. JURISDICTION OF ORGA | NIZATION 11g. | ORGANIZATIONAL ID #, if at | ny 🔲 |
| ADDITIONAL SECURED PAI | RTY'S of ASSIGNORS | S/P'S NAME - insert only one name | e (12a or 12b) | | |
| 12a. ORGANIZATION'S NAME | | | 4 | | |
| 12b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDI | DLE NAME | SUFFIX |
| 125. INDIVIDUAL'S LAST NAME | | | | | Ì |
| : MAILING ADDRESS | | CITY | STA | POSTAL CODE | COUNTR |
| | | | | | |
| . This FINANCING STATEMENT covers | timber to be cut or as-extra | acted 16. Additional collateral desc | ription: | | |
| collateral, or is filed as a fixture file | | | \neg | , | |
| . Description of real estate: O THE NORTH LINE OF | SAID LOT 2 250 00 | _ | 7 7 | | |
| ET; THENCE NORTH 0 | 0 04' 50" EAST 350. | 00 | - 1 - 7 | | |
| FT TO THE NORTH LIN | IE OF SAID LOT 2; | | | | |
| HENCE SOUTH 89 55' 1 | 0" EAST 250.00 FEE | T T | | | |
| O THE POINT OF BEGIN EARINGS BASED ON SA | INING, WITH | | | | |
| ASHBURN PARK. | AID TRACT 1000, | | | | |
| AONDON'T MEN | " | N / | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Name and address of a RECORD OW! | NED of above described test estate | | | | |
| (if Debtor does not have a record intere | st): | | | | |
| | | | | | |
| | | 17. Check only if applicable | | | |
| | | Debtor is a Trust or | Trustee acting with respec | t to property held in trust or | Decedent's |
| | | 18. Check only if applicable | and check <u>only</u> one box. | | |
| | | Debtor is a TRANSMITT | | | |
| | | | a Manufactured-Home Trans | | |
| | | | a Public-Finance Transaction | | |