M06-14370

Klamath County, Oregon 07/18/2006 08:08:04 AM Pages 2 Fee: \$26.00

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front a	and back) CAREFULLY
A. NAME PHONE OF CONTACT AT F	
Char Kruger	(509) 327-9634
B. SEND ACKNOWLEDGMENT TO: (Name and Address)
	
UPF Incorpora	nted
910 West Boo	ne Ave.
Spokane, WA	99201
L	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a o 1a. ORGANIZATION'S NAME	r 1b) - do not abbreviate or combine names		
OR 1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Etchevers	Frank		
1c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
29270 Doak Road	Chiloquin	OR 97624-	USA
1d. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION	•	1g. ORGANIZATIONAL ID #, if any	
DEBTOR			✓ NON
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one de 2a. ORGANIZATION'S NAME	ebtor name (2a or 2b) - do not abbreviate or combi	ne names	
OR 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Etchevers	Bernice		
2c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
29270 Doak Road	Chiloquin	OR 97624-	USA
2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any	
ORGANIZATION DEBTOR			✓ NON
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR 3a. ORGANIZATION'S NAME	OR S/P) - insert only one secured party name (3a	or 3b)	
1st Security Bank of Washington			
OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
PO Box 97000	Lynnwood	WA 98046	USA

4. This FINANCING STATEMENT covers the following collateral:

Siding

APN: 00R250640

TWP 35 RNGE 7 BLOCK SEC 32 TRACT LOTS 25 26 31 & 32 LESS S 30' ACRES 75.54

5. ALTERNATE DESIGNATION [if applicable]:	LESSEE/LESSOR CONSIGNEE/CONSIGN	NOR BAILEE/BAILOR SELLER/BUYER AG. LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is to be filed ESTATE RECORDS. Attach Addendum	d (for record) in the REAL 7.Check to REQ [if applicable]; [ADDITIONAL FI	UEST SEARCH REPORT(S) on Debtor(s) All Debtors Debtors	or 1 Debtor
8. OPTIONAL FILER REFERENCE DATA			
UPF Tracking #977413-8508	Loan #	SBA Loan #	

	C FINANCING STATE	EMENT ADDENDUM					
9. N.	AME OF FIRST DEBTOR (1a or 1	b) ON RELATED FINANCING STATE	MENT				
	9a. ORGANIZATION'S NAME						
OR			Thus a series				
	96. INDIVIDUAL'S LAST NAME Etchevers	Frank	MIDDLE NAME, SUFFIX				
10. 1	WISCELLANEOUS:						
11.	ADDITIONAL DEBTOR'S EXACT	FULL LEGAL NAME - insert only <u>one</u> na	ıme (11a or 11b) - do not abbrevi		PACE IS F	OR FILING OFFICE US	SE ONLY
	11a. ORGANIZATION'S NAME						
OR	11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX
11c.	 MAILING ADDRESS		СІТҮ		STATE	POSTAL CODE	COUNTRY
11d.	ADD'L INFO ORGANIZA DEBTOR		11f. JURISDICTION OF ORG	GANIZATION	11g. ORG	ANIZATIONAL ID#, if any	NONE
12.		ARTY'S or ASSIGNOR S/P'S	NAME - insert only <u>one</u> name	(12a or 12b)			
OR	12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE N	IAME	SUFFIX
12c.	MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
14.	This FINANCING STATEMENT covers collateral, or is filed as a fixture filing Description of real estate: PN: 00R250640		16. Additional collateral desc	cription:		aller an east an earle an earle	
&	VP 35 RNGE 7 BLOCK SE 32 LESS S 30' ACRES 75.5 DDITIONAL TAX LIABIL						
15.	Name and address of a RECORD OWI (if Debtor does not have a record intere		17. Check <u>only</u> if applicable	and check <u>only</u> one bo	x .		
Debtor is a Trust or 18. Check only if applicable Debtor is a TRANSMIT				Trustee acting with res	pect to prope x.		edent's Estate
			with constant with	a rapho-rinantos rians	,uon — 8116	Jours do yours	