15-98526			7-00608 nath Cour	87 nty, Oregon	18
A. NAME & PHONE OF CONTACT AT Lisa Nicholson (541) 48 B. SEND ACKNOWLEDGMENT TO: (N  McKENZIE LEASIN P.O. BOX 71186 EUGENE, OR 97401	FILER (optional) 85-6043 Name and Address)		2007 03:20:	54 PM	Fee: \$21.0
1. DEBTOR'S EXACT FULL LEGAL N	AME - insert only one dobt	THE ABOV	'E SPACE IS F	OR FILING OFFICE	USE ONLY
1a. ORGANIZATION'S NAME		n flame (1a or 1b) - do not apprevate or combine names			
OR RMD FORESTRY, II	NC.	FIRST NAME	MIDDLE	NAME	SUFFIX
1c. MAILING ADDRESS 298 SOUTH 43RD ST.			STATE	POSTAL CODE 97478	COUNTRY
d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 10. TYPE OF ORGANIZATION DEBTOR		OREGON	1g. ORG	ANIZATIONAL ID #, if an	1 1 1
2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S LAST NAME	JLL LEGAL NAME - inser	t only <u>one</u> debtor name (2a or 2b) - do not abbreviate or co	ombine names		
		FIRST NAME	MIDDLE	NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
ORGANIZATI DEBTOR	ORGANIZATION		,	2g. ORGANIZATIONAL ID #, if any	
3a. ORGANIZATION'S NAME		ASSIGNOR S/P) - insert only one secured party name (3:			
OR 3b. INDIVIDUAL'S LAST NAME	McKENZIE LEASING AND FINANCI 3b. INDIVIDUAL'S LAST NAME		n. MIDDLE I	NAME	SUFFIX
3c. MAILING ADDRESS P.O. BOX 71186		CITY EUGENE	STATE OR	POSTAL CODE 97401	COUNTRY
	PERTY LOCAT	ED AT THIS LEGAL DESCRI	PTION:		
GOVERNMENT LOTS 5 QUARTER OF SECTION MERIDIAN, KLAMATH	N 9, ALL IN TO	N SECTION 4, AND THE NOI WNSHIP 32 SOUTH, RANGE EGON	RTH HAL 9 EAST (	F OF THE NOTE OF THE WIL	ORTHEAST LAMETTE
					wines
5.ALT ERNATIVE DESIGNATION [# applicable]:	LESSEE/LESSOR	CONSIGNEE/CONSIGNOR BAILEE/BAILOR	SELLER/BUY	YER AG. LIEN	NON-UCC FILING

DI-F

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