UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Phone:(800) 331-3282 Fax: (818) 662-4141 B. SEND ACKNOWLEDGEMENT TO: (Name and Address) 16852 CARDIFF FINANC **UCC Direct Services** 12984184 P.O. Box 29071 Glendale, CA 91209-9071 **OROR FIXTURE**

2007-021345 Klamath County, Oregon



12/24/2007 09:30:32 AM

Fee: \$26.00

		Eilo with						
1	DEDTODIC EVACE EL	riie witi	n: CC OR Klamath, OR		THE ABOVE SPA	CE IS FOR	FILING OFFICE USE ONLY	
1. 1	1a. ORGANIZATION'S I	LL LEGAL NAME	- insert only o <u>ne</u> debtor name (1a or 1b) - do not abb	previate or combine name	26	ILING OFFICE USE UNLY	
OR	Washburn JV, L					-		
UR	1b. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
1c. i	MAILING ADDRESS							
286	61 Pinecrest Ct.			CITY Medford	-	STATE	POSTAL CODE 97504	COUNTRY
Partition	SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION		OF ORGANIZATION OR	1902	SANIZATIONAL ID #, if any	
2. A	DDITIONAL DEBTOR	S EXACT FULL LI	EGAL NAME - insert only one	tehtor name (22 or 2)	A de est el le est			NONE
	2a. ORGANIZATION'S N	AME		acotor name (2a or 20) - uo not appreviate or o	combine na	imes	
OR	2b. INDIVIDUAL'S LAST	NAME						
			FIRST NAME		MIDDLE	NAME	SUFFIX	
.2c. M	IAILING ADDRESS			CITY		 	-	
2d S	SEE INSTRUCTIONS ADDITIONS ADDITIONS ADDITIONS					STATE	POSTAL CODE	COUNTRY
<u>.</u>	ORGANIZATION DEBTOR		2f. JURISDICTION C	F ORGANIZATION	2g. ORGANIZATIONAL ID #, if any		1 .	
3. SE	CURED PARTY'S NA	ME (or NAME of T	OTAL ASSIGNEE of ASSIGNO	202				NONE
	3a. ORGANIZATION'S NA Pentech Financia	ME al Services, Inc	C.	R 5/P) - Insert only o	ne_secured party name	(3a or 3b)		
OR	Sh INDN/IDUALIO LAOTA							
	3b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME		SUFFIX
3c. M/	AILING ADDRESS			CITY				
-	910 E. Hamilton Ave. Suite 400			Campbell		STATE CA	POSTAL CODE 95008	COUNTRY
. This	FINANCING STATEMEN	T covers the following	g collateral:					

5. ALTERNATIVE DESIGNATION [if applicable] X LESSEE/LESSOR CONSIGNE		
6. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL		INDIVITION FILES
8. OPTIONAL FILER REFERENCE DATA [if applicable]	[ADDITIONAL FEE] [optional]	All Debtors Debtor 1 Debtor 2
12984184	· · · · · · · · · · · · · · · · · · ·	
	45746	

(15) NEW HIGH STYLE ROUND TABLE - ROYAL 606 (80) NEW CHAIRS FOR ABOVE - ROYAL 908 (29) USED TABLES ATS (60) USED CHAIRS MTS (8) BAR STOOLS - ROYAL B765 (19) USED BOOTHS ATS

-	NAME OF FIRST DEBTOR (1a or 1b) C	ON RELATED FINANCING ST	ATEMENT	4		
	9a. ORGANIZATION'S NAME Washburn JV, LLC		A CIVILINI			
OR	9b. INDIVIDUAL'S LAST NAME					
	THE STATE OF THE S	FIRST NAME	MIDDLE NAME, SUFFIX	•		
10.	MISCELLANEOUS]		
	984184-OR-35			1		
	852 CARDIFF FINANC					
	002 CARDIFF FINANC			et in the second		
45	746					
File	with: CC OR Klamath, OR					
11.7	ADDITIONAL DEBTOR'S EXACT FULL 11a. ORGANIZATION'S NAME	LEGAL NAME - insert only or	20	THE ABOVE SI	PACE IS FOR FILING OFFIC	E USE ONLY
	11a. ORGANIZATION'S NAME	wood only on	ie_name (11a or 11b) - do not a	bbreviate or combir	ne names	
OR	11b. INDIVIDUAL'S LAST NAME					
			FIRST NAME		MIDDLE NAME	
11c. N	MAILING ADDRESS				ANIME	SUFFIX
			CITY		STATE POSTAL CODE	COUNTRY
1d. <u>S</u>	SEE INSTRUCTION ADD'L INFO RE	11e. TYPE OF ORGANIZATION	446 11171			COUNTRY
	ORGANIZATION DEBTOR	11014	11f. JURISDICTION OF ORGA	NIZATION	11g. ORGANIZATIONAL II	D#, if any
2.	ADDITIONAL OF CULTURE					
. 1	ADDITIONAL SECURED PARTY'S 12a. ORGANIZATION'S NAME	or ASSIGNOR S/P's	NAME - insert only one name (12a or 12b)		
) 1	2b. INDIVIDUAL'S LAST NAME	EIDOTAIAAG				
		FIRST NAME		MIDDLE NAME	SUFFIX	
C. MA	AILING ADDRESS		CITY			
-					STATE POSTAL CODE	COUNTRY
This	FINANCING STATEMENT covers time	per to be cut or as-extracted	16 Adv			
coll	lateral or is filed as a X fixture filing.		16. Additional collateral descript	ion:		
Desc	cription of real estate:					
	ription: PP18-06 PARCEL 1 Ac					
	09-10BB-208	CRES 1.10 LOT				
escr	79-1000-208					
escr	D9-10BB-208					
escr	J9-10BB-208	,				
escr	J9-10BB-208					
escr	J9-10BB-208					
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escr	J9-10BB-208					
escr 390						
escr 390	and address of a RECORD OWNED of all					
escr 390	and address of a RECORD OWNER of above ebtor does not have a record interest)					
escr 390 Jame (if De	and address of a RECORD OWNER of above ebtor does not have a record interest):	e-described real estate	17 Constitution			
ame (if Deshb	and address of a RECORD OWNER of above ebtor does not have a record interest)	e-described real estate	17. Check only if applicable and ch			
escr 390 Jame (if De	and address of a RECORD OWNER of above ebtor does not have a record interest):	e-described real estate	Debtor is a Trust or Truste	e acting with respect to	o property held in trust or	Decedent's Estate
escr 390 Jame (if De	and address of a RECORD OWNER of above ebtor does not have a record interest):	e-described real estate	Debtor is a Trust or Truster 18. Check only if applicable and che	e acting with respect to	o property held in trust or	Decedent's Estate
escr 390 Jame (if De shb	and address of a RECORD OWNER of above ebtor does not have a record interest):	e-described real estate	Debtor is a Trust or Truster 18. Check only if applicable and che Debtor is a TRANSMITTING UT	e acting with respect to eck <u>only</u> one box. FILITY		Decedent's Estate
escr 390 390 if De shb	and address of a RECORD OWNER of above ebtor does not have a record interest):	e-described real estate	Debtor is a Trust or Truster 18. Check only if applicable and che Debtor is a TRANSMITTING UT Filed in connection with a Manu	e acting with respect to eck <u>only</u> one box. FILITY factured-Home Transa	action effective 30 years	Decedent's Estate