	CC FINANCING				8-007002 nath County	Oregon	
A.	NAME & PHONE OF C			05/12	/2008 03:38:59	PM	Fee: \$26.0
	. Tiffee						A STATE OF THE STA
	South V Commer P O Box	alley Bank & cial Branch	Trust				
	ı						
1. 1			E - insert only <u>one</u> debtor name (1a	THE AB		OR FILING OFFICE US	SE ONLY
	1a. ORGANIZATION'S N		E - insert only <u>one</u> debtor name (1a			PR FILING OFFICE US	SE ONLY
	1a. ORGANIZATION'S N 1b. INDIVIDUAL'S LAST	AME	E - insert only <u>one</u> debtor name (1a	or 1b) - do not abbreviate or combine names	MIDDLE		SE ONLY
OR	1a. ORGANIZATION'S N 1b. INDIVIDUAL'S LAST Turner	AME	E - insert only <u>one</u> debtor name (1a	FIRST NAME Gary	MIDDLE J.	NAME	SUFFIX
OR	1a. ORGANIZATION'S N 1b. INDIVIDUAL'S LAST	AME NAME		FIRST NAME Gary CITY Klamath Falls	MIDDLE		
OR 1c. 2	1a. ORGANIZATION'S N 1b. INDIVIDUAL'S LAST Turner MAILING ADDRESS	AME NAME	E - insert only <u>one</u> debtor name (1a	FIRST NAME Gary CITY	MIDDLE J. STATE OR	NAME	SUFFIX
OR 1c. 2	1a. ORGANIZATION'S N 1b. INDIVIDUAL'S LAST Turner MAILING ADDRESS 520 Old Midlan SEE INSTRUCTIONS	AME NAME d Rd ADD'L INFO RE ORGANIZATION DEBTOR R'S EXACT FULL	1e. TYPE OF ORGANIZATION	FIRST NAME Gary CITY Klamath Falls	MIDDLE J. STATE OR 19. ORG	NAME POSTAL CODE 97603	SUFFIX
1c. 2 1d.	1a. ORGANIZATION'S N 1b. INDIVIDUAL'S LAST Turner MAILING ADDRESS 520 Old Midlan SEE INSTRUCTIONS ADDITIONAL DEBTO [2a. ORGANIZATION'S N	AME NAME d Rd ADD'L INFO RE ORGANIZATION DEBTOR R'S EXACT FULL AME	1e. TYPE OF ORGANIZATION	FIRST NAME Gary CITY Klamath Falls 1f. JURISDICTION OF ORGANIZATION	MIDDLE J. STATE OR 19. ORG	NAME POSTAL CODE 97603 ANIZATIONAL ID #, if any	SUFFIX
OR 1c. 2 1d.	1a. ORGANIZATION'S N 1b. INDIVIDUAL'S LAST Turner MAILING ADDRESS 520 Old Midlan SEE INSTRUCTIONS ADDITIONAL DEBTO [2a. ORGANIZATION'S N	AME NAME d Rd ADD'L INFO RE ORGANIZATION DEBTOR R'S EXACT FULL AME	1e. TYPE OF ORGANIZATION	FIRST NAME Gary CITY Klamath Falls 1f. JURISDICTION OF ORGANIZATION Lebtor name (2a or 2b) - do not abbreviate or	MIDDLE J. STATE OR 1g. ORG	NAME POSTAL CODE 97603 ANIZATIONAL ID #, if any	SUFFIX COUNTRY Y
OR 1c. 2 1d.	1a. ORGANIZATION'S N 1b. INDIVIDUAL'S LAST Turner MAILING ADDRESS 520 Old Midlan SEE INSTRUCTIONS ADDITIONAL DEBTO 2a. ORGANIZATION'S N 2b. INDIVIDUAL'S LAST	AME NAME d Rd ADD'L INFO RE ORGANIZATION DEBTOR R'S EXACT FULL AME	1e. TYPE OF ORGANIZATION	FIRST NAME Gary CITY Klamath Falls 1f. JURISDICTION OF ORGANIZATION Lebtor name (2a or 2b) - do not abbreviate or	MIDDLE J. STATE OR 1g. ORG	NAME POSTAL CODE 97603 ANIZATIONAL ID #, if any	SUFFIX COUNTRY Y
1c. 2 1d. 2. /	1a. ORGANIZATION'S N 1b. INDIVIDUAL'S LAST Turner MAILING ADDRESS 520 Old Midlan SEE INSTRUCTIONS ADDITIONAL DEBTO 2a. ORGANIZATION'S N 2b. INDIVIDUAL'S LAST Turner	AME NAME d Rd ADD'L INFO RE ORGANIZATION DEBTOR R'S EXACT FULL AME NAME	1e. TYPE OF ORGANIZATION	FIRST NAME Gary CITY Klamath Falls 1f. JURISDICTION OF ORGANIZATION Lebtor name (2a or 2b) - do not abbreviate of peaning	MIDDLE J. STATE OR 1g. ORG combine names	NAME POSTAL CODE 97603 ANIZATIONAL ID #, if any	SUFFIX COUNTRY Y SUFFIX

4. This FINANCING STATEMENT covers the following collateral:

3b. INDIVIDUAL'S LAST NAME

3c. MAILING ADDRESS

P O Box 5210

All Fixtures; 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 accounts proceeds).

FIRST NAME

Klamath Falls

MIDDLE NAME

OR

POSTAL CODE

97601

SUFFIX

COUNTRY

USA

5. ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR CON	NSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN NON-UCC	FILING
6. This FINANCING STATEMENT is to be filed [I ESTATE RECORDS. Attach Addendum	or record] (or recorded) in the RE [if app	EAL 7. Check to REQU [ADDITIONAL F	EST SEARCH REPORT EE) [c	(S) on Debtor(s)	All Debtors Debtor 1 D	ebtor 2
8. OPTIONAL FILER REFERENCE DATA						

9a. ORGANIZATION'S NAME	or 1b) ON RELATED FINANCING STA	I EMEN I				
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SI	JFFIX			
Turner	Gary	J.				
MISCELLANEOUS:						
					S FOR FILING OFFIC	E USE ONLY
	CT FULL LEGAL NAME - insert only one	name (11a or 11b) - do not	abbreviate or combine	names		
11a. ORGANIZATION'S NAME						
		TEIDOT NAME		MIDDLE	IAAAE	SUFFIX
11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
		LOTE/		STATE	POSTAL CODE	COUNTRY
MAILING ADDRESS		CITY		SIAIE	POSTAL CODE	COUNTR
SEE INSTRUCTIONS ADD'L IN	IFO RE 11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF	ORGANIZATION	11a ORG	ANIZATIONAL ID#, if an	
ORGANI	ZATION '	THE SOCIODICTION OF	ONOMIZATION	i i i i i i i i i i i i i i i i i i i		, ⊓,
ADDITIONAL SECURED F						
ADDITIONAL SECURED F	ARTY'S or ASSIGNOR S/P'S	NAME - insert only one	name (12a or 12b)			
12a. ORGANIZATION'S NAME						
				1		Louisen
12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
					Inoctal CODE	COUNTRY
MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
·						<u> </u>
This FINANCING STATEMENT covers		16. Additional collatera	description:			
collateral, or is filed as a fixture	iling.					
Description of real estate:	ULLE SECOND ADDITION					
OT 11 IN BIOCK 215, IV	h Falls, according to the					
ffical plat thereof on	IILLS SECOND ADDITION In Falls, according to the file in the office of the					
ounty Clerk of Klamat	h County, Oregon.					
Name and address of a RECORD Of the Debtor does not have a record into	WNER of above-described real estate rest):					
(if Debtor does not have a record into	WNER of above-described real estate rest):					
(if Debtor does not have a record into Bary J. Turner 2520 Old Midland Rd	erest):	17. Charles and if candi	cable and check only or	ne box.		
(if Debtor does not have a record into Bary J. Turner 2520 Old Midland Rd	erest):	17. Check only if appli	cable and check only or	ne box.	operty held in trust or	Decedent's E
(if Debtor does not have a record into Bary J. Turner 2520 Old Midland Rd	erest):	Debtor is a Trust	or Trustee acting w	th respect to p	operty held in trust or	Decedent's E
(if Debtor does not have a record into Bary J. Turner 2520 Old Midland Rd	erest):	Debtor is a Trust 18. Check only if appli	or Trustee acting w cable and check <u>only</u> or	th respect to p	operty held in trust or	Decedent's E
Name and address of a RECORD O (if Debtor does not have a record into Gary J. Turner 2520 Old Midland Rd Klamath Falls, OR 976	erest):	Debtor is a Trust 18. Check only if appli Debtor is a TRANS	or Trustee acting w cable and check <u>only</u> or MITTING UTILITY	ith respect to p		Decedent's E
(if Debtor does not have a record into Bary J. Turner 2520 Old Midland Rd	erest):	Debtor is a Trust 18. Check only if appli Debtor is a TRANS	or Trustee acting w cable and check <u>only</u> or MITTING UTILITY	ith respect to pine box.		

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