2008-016370 Klamath County, Oregon

	16370003		•

UCC FINANCING STATEMENT

12/11/2008 08:33:02 AM

Fee: \$31.00

Paula Wright 800-205-3944 ext. 4481 Sebio AcknowledDEMENT TO, (Name and Address)	OLLOW INTRUCTIONS (front and back) CAREFULLY				
SEND ACKNOWLEDGEMENT TO: (Name and Address) Textron Financial Corporation Afth: Paula Wright P O Box 3090 Alpharetta, GA 30023 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	A. NAME & PHONE OF CONTACT AT FILER (optional)	1			
Textron Financial Corporation Attn: Paula Wright P O Box 3990 Alpharetta, GA 30023 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE US					
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5. ALTERNATIVE DESIGNATION(if applicable) 🔲 LESSEE/LESSOR 🔲 CONSIGNEE/CONSIGNOR 🔲 BAILEE/BAILOR 🔲 SELLER/BUYER 🔲 A.G. LIEN 🦳 NON-UCC FILING		SIGNEE/CONSIGNOR BAILEE/BAILOR SEL	LER/BUYER	R 🔲 A.G. LIEN 🔲 NON-I	JCC FILING
5. Attach Addendum (if applicable) 7. Check to REQUEST SEARCH REPORT (S) on Debtor (S) [ADDITIONAL FEE] [optional] All Debtors Debtot1 Debtor 2	5. This FINANCING STATEMENT is to be filed (for record) (or recorded in the	7. Check to REQUEST SEARCH REPORT (S) on Debtor	· (\$)	
8. OPTIONAL FILER REFERENCE DATA Nelmstar, L.L.C. 29355 502073					

CC FINANCING STATEMENT ADDENDUM			
LLOW INSTRUCTIONS (front and back) CAREFULLY IAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT			
9a. ORGANIZAȚION'S NAME			
R	MIDDLE NAME CUEELY		
95. INDIVIDUAL'S LAST NAME FIRST NAME Kruse Shawn	MIDDLE NAME, SUFFIX M		
MISCELLANEOUS:			
	тн	E ABOVE SPACE IS FOR	FILING
		FICE USE ONLY	
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME, insert only one name (1 11a, ORGANIZATION'S NAME	1aor11b) .do not abbreviate or combine names		
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
			USA
SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION 11e. TYPE OF ORGANIZATION	N 11 I. JURISDICTION OF ORGANIZAT	ION 11g. ORGANIZATIONAL ID #, if any	
DEBTOR			NONE
☐ ADDITIONAL SECURED PARTY'S or ☐ ASSIGNOR S/P'S NAME 12a. ORGANIZATION'S NAME	insert only one name (12a or 12b)		
12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☒ fixture filing.	16. Additional collateral description:		
Description of real estate:			
see Attached Exhibit A			
Attached Exhibit A			
f Debtor does not have a record interest): hawn W. Kruse			
f Debtor does not have a record interest): hawn W. Kruse 6146 Green Forest Rd.	17. Check only if applicable and check only of		
f Debtor does not have a record interest): hawn W. Kruse 6146 Green Forest Rd.		one box. ith respect to property held in trust or Decedent's	Estate
Name and address of a RECORD OWNER of above-described real estate If Debtor does not have a record interest): -hawn W. Kruse 6146 Green Forest Rd. aPine, OR 97736		ith respect to property held in trust or 🔲 Decedent's	Estate
r Debtor does not have a record interest): hawn W. Kruse 6146 Green Forest Rd. aPine, OR 97736	Debtor is a Trust or Trustee acting w 18. Check only if applicable and check only of Debtor is a TRANSMITTING UTILITY	ith respect to property held in trust or Decedent's	Estate
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EXHIBIT A

LOT 4 BLOCK 9, SUN FOREST ETATES, TRACT 1060, ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMATH COUNTY, OR