

2008-016370

Klamath County, Oregon



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12/11/2008 08:33:02 AM

Fee: \$31.00

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

Paula Wright 800-205-3944 ext. 4481

B. SEND ACKNOWLEDGEMENT TO: (Name and Address)

1 Textron Financial Corporation
 2 Attn: Paula Wright
 3 P O Box 3090
 Alpharetta, GA 30023

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL NAME - insert only one debtor name (1a or 1b)- do not abbreviate or combine names

1a. ORGANIZATION'S NAME

OR

1b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

Kruse

Shawn

W

1c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

16146 Green Forest Rd.

LaPine

OR

97736

1d. TAX ID # SSN OR EIN

ADD'L INFO RE
ORGANIZATION
DEBTOR

1e. TYPE OF ORGANIZATION

1f. JURISDICTION OF ORGANIZATION

1g. ORGANIZATION ID #, if any

☐ NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b)- do not abbreviate or combine names

2a. ORGANIZATION'S NAME

Nelmstar, L.L.C.

OR

2b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

2c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

629 NW Kingwood Ave.

Redmond

OR

97756

2d. TAX ID # SSN OR EIN

ADD'L INFO RE
ORGANIZATION
DEBTOR

2e. TYPE OF ORGANIZATION

2f. JURISDICTION OF ORGANIZATION

2g. ORGANIZATION ID #, if any

☐ NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME

OR

Textron Financial Corporation

3b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

3c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

P O Box 3090

Alpharetta

GA

30023

USA

4. This FINANCING STATEMENT covers the following collateral:

This financing statement is filed as a fixture filing with respect to all goods in which **Nelmstar, L.L.C.** has an interest, to the extent such goods are or may become fixtures upon that certain real property that is more particularly described on **Exhibit A** attached hereto and incorporated herein by reference. Without limiting the foregoing, the collateral covered by this fixture filing includes the following goods:

Karsten Company of Oregon / CMH Manufacturing, serial 29355----- Secured Party's payoff amount: \$56,505.00

Secured Party claims a purchase money security interest in the collateral. Notice is hereby given that it is a violation of Secured Party's rights if the collateral is sold and the proceeds from such sale are not paid to Secured Party. **This fixture filing is to be filed with the Real Estate Records, Klamath County, Oregon**

5. ALTERNATIVE DESIGNATION (if applicable) ☐ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAILOR ☐ SELLER/BUYER ☐ A.G. LIEN ☐ NON-UCC FILING6. ☒ This FINANCING STATEMENT is to be filed (for record) (or recorded in the REAL ESTATE RECORDS. Attach Addendum (if applicable)

7. Check to REQUEST SEARCH REPORT (S) on Debtor (S)

[ADDITIONAL FEE]

[optional]

☐ All Debtors ☐ Debtor 1 ☐ Debtor 2

8. OPTIONAL FILER REFERENCE DATA

Nelmstar, L.L.C. 29355 502073

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

OR	9a. ORGANIZATION'S NAME		
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
	Kruse	Shawn	M

10. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING
OFFICE USE ONLY

11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME. insert only one name (11a or 11b) do not abbreviate or combine names

OR	11a. ORGANIZATION'S NAME			
OR	11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY
				USA
11d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any
				<input checked="" type="checkbox"/> NONE

12. ☐ ADDITIONAL SECURED PARTY'S or ☐ ASSIGNOR S/P's NAME - insert only one name (12a or 12b)

OR	12a. ORGANIZATION'S NAME			
OR	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
12c. MAILING ADDRESS		CITY	STATE	POSTAL CODE COUNTRY

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☒ fixture filing.

14. Description of real estate:

See Attached Exhibit A

15. Name and address of a RECORD OWNER of above-described real estate
(If Debtor does not have a record interest):

Shawn W. Kruse
16146 Green Forest Rd.
LaPine, OR 97736

16. Additional collateral description:

17. Check only if applicable and check only one box.

Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

18. Check only if applicable and check only one box.

☐ Debtor is a TRANSMITTING UTILITY

☐ Filed in connection with a Manufactured-Home Transaction - effective 30 years

☐ Filed in connection with a Public-Finance Transaction - effective 30 years

Notice: The above-listed record owner is included as a Debtor under Item 1 of this fixture filing for indexing purposes only and is not a Debtor of Secured Party.

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