

2009-000471

Klamath County, Oregon



00058759200900004710030039

01/15/2009 01:45:32 PM

Fee: \$31.00

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|                                                                                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. NAME & PHONE OF CONTACT AT FILER [optional]                                                                                                                                                                                                                                          |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><br><div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p><b>South Valley Bank &amp; Trust</b><br/> <b>Commercial Branch</b><br/> <b>P O Box 5210</b><br/> <b>Klamath Falls, OR 97601</b></p> </div> |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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

|                                                               |                                   |                                        |                                               |                                                                                                                   |
|---------------------------------------------------------------|-----------------------------------|----------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| 1a. ORGANIZATION'S NAME<br><b>Mount McLoughlin Group, LLC</b> |                                   |                                        |                                               |                                                                                                                   |
| OR                                                            |                                   |                                        |                                               |                                                                                                                   |
| 1b. INDIVIDUAL'S LAST NAME                                    |                                   | FIRST NAME                             | MIDDLE NAME                                   | SUFFIX                                                                                                            |
| 1c. MAILING ADDRESS<br><b>431 Main Street</b>                 |                                   | CITY<br><b>Klamath Falls</b>           | STATE<br><b>OR</b>                            | POSTAL CODE<br><b>97601</b>                                                                                       |
|                                                               |                                   |                                        |                                               | COUNTRY<br><b>USA</b>                                                                                             |
| 1d. <u>SEE INSTRUCTIONS</u>                                   | ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION<br><b>LLC</b> | 1f. JURISDICTION OF ORGANIZATION<br><b>OR</b> | 1g. ORGANIZATIONAL ID #, if any<br><div style="text-align: right;"><input checked="" type="checkbox"/> NONE</div> |

**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     |                                   |                          |                                  |                                                                                                        |
| OR                          |                                   |                          |                                  |                                                                                                        |
| 2b. INDIVIDUAL'S LAST NAME  |                                   | FIRST NAME               | MIDDLE NAME                      | SUFFIX                                                                                                 |
| 2c. MAILING ADDRESS         |                                   | CITY                     | STATE                            | POSTAL CODE                                                                                            |
|                             |                                   |                          |                                  | COUNTRY                                                                                                |
| 2d. <u>SEE INSTRUCTIONS</u> | ADD'L INFO RE ORGANIZATION DEBTOR | 2e. TYPE OF ORGANIZATION | 2f. JURISDICTION OF ORGANIZATION | 2g. ORGANIZATIONAL ID #, if any<br><div style="text-align: right;"><input type="checkbox"/> NONE</div> |

**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<br><b>South Valley Bank &amp; Trust</b> |  |                              |                    |                             |
| OR                                                              |  |                              |                    |                             |
| 3b. INDIVIDUAL'S LAST NAME                                      |  | FIRST NAME                   | MIDDLE NAME        | SUFFIX                      |
| 3c. MAILING ADDRESS<br><b>P O Box 5210</b>                      |  | CITY<br><b>Klamath Falls</b> | STATE<br><b>OR</b> | POSTAL CODE<br><b>97601</b> |
|                                                                 |  |                              |                    | COUNTRY<br><b>USA</b>       |

**4. This FINANCING STATEMENT covers the following collateral:**

**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).**

|                                                                                                                                                                       |  |                                                                  |                                              |                                        |                                       |                                   |                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------|----------------------------------------------|----------------------------------------|---------------------------------------|-----------------------------------|-----------------------------------------|
| 5. ALTERNATIVE DESIGNATION (if applicable):                                                                                                                           |  | <input type="checkbox"/> LESSEE/LESSOR                           | <input type="checkbox"/> CONSIGNEE/CONSIGNOR | <input type="checkbox"/> BAILEE/BAILOR | <input type="checkbox"/> SELLER/BUYER | <input type="checkbox"/> AG. LIEN | <input type="checkbox"/> NON-UCC FILING |
| 6. <input checked="" type="checkbox"/> 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) (OPTIONAL FEE) |                                              | <input type="checkbox"/> All Debtors   |                                       | <input type="checkbox"/> Debtor 1 | <input type="checkbox"/> Debtor 2       |
| 8. OPTIONAL FILER REFERENCE DATA                                                                                                                                      |  |                                                                  |                                              |                                        |                                       |                                   |                                         |

*31amt*

# UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

9a. ORGANIZATION'S NAME

Mount McLoughlin Group, LLC

OR

9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

## 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

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11d. SEE INSTRUCTIONS

ADD'L INFO RE  
ORGANIZATION  
DEBTOR

11e. TYPE OF ORGANIZATION

11f. JURISDICTION OF ORGANIZATION

11g. ORGANIZATIONAL ID #, if any

☐ NONE

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

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:

Attached Exhibit "A"

16. Additional collateral description:

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

Mount McLoughlin Group, LLC  
431 Main Street  
Klamath Falls, OR 97601

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 for 30 years

**EXHIBIT "A"**  
**LEGAL DESCRIPTION**

The following described real property situate in Klamath County, Oregon:

A portion of Lot 1, Block 17, Original Town of Linkville, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon, described as follows:

Beginning at a point in the Northerly line of Main Street 37 1/2 feet in a Southwesterly direction from the most Easterly corner of Lot 1 in Block 17 of Original Town of Linkville, now City of Klamath Falls, Oregon, said corner of said Lot 1 being at the intersection of Main and Fifth Street in said town and running thence in a Northwesterly direction parallel with Fifth Street 112 feet; thence in a Southwesterly direction parallel with Main Street 29 feet; thence in a Southeasterly direction parallel with Fifth Street 112 feet to the Northerly line of Main Street; thence in the Northeasterly direction along the Northerly line of Main Street 29 feet to the place of beginning.

ALSO, Beginning at a point in the Northerly line of Main Street which lies 36 feet Southeasterly from the most Easterly corner of Lot 1 in Block 17 of Original Town of Linkville, now City of Klamath Falls, Oregon; thence Northwesterly and parallel with Fifth Street 112 feet to alley; thence Southwesterly and parallel with Main Street 1 1/2 feet; thence Southeasterly and parallel with Fifth Street 112 feet to Main Street; thence Northeasterly along Northerly line of Main Street 1 1/2 feet to the point of beginning.