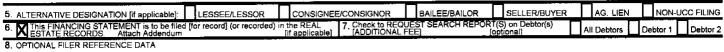
				2009-011077 Klamath County, Oregon					
	NG STATEME		000712	00071217200900110770020023					
	F CONTACT AT FILE		08/18/200	9 11:24:37 AF	11:24:37 AM				
	EDGMENT TO: (Name	e and Address)							
Comm P O Bo	Valley Bank & nercial Branch ox 5210 nth Falls, OR 9								
L _{IST}	1451718	, and a	THE ABOVE	E SPACE IS FO	R FILING OFFICE U	SE ONLY			
DEBTOR'S EXAC		- insert only <u>one</u> debtor name (1a	or 1b) - do not abbreviate or combine names						
Bar-Met, LL						Tsuffix			
16. INDIVIDUAL'S LA	ST NAME		FIRST NAME	MIDDLE	MIDDLE NAME				
c. MAILING ADDRESS			CITY	STATE POSTAL CODE		COUNTRY			
707 Addison S		1e. TYPE OF ORGANIZATION	Klamath Falls 11. JURISDICTION OF ORGANIZATION	OR 1g. ORG	97601 ANIZATIONAL ID #, if an				
. SEE MOMOVIOUS	ORGANIZATION DEBTOR	LLC	OR	-	·	X			
ADDITIONAL DEB		LEGAL NAME - insert only one of	debtor name (2a or 2b) - do not abbreviate or cor	nbine names					
						SUFFIX			
R 2b. INDIVIDUAL'S LA	ST NAME		FIRST NAME	MIDDLE	MIDDLE NAME				
: MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY			
	LADON INFO BE	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2a ORG	ANIZATIONAL ID #, if an	v			
SEE INSTRUCTIONS	ORGANIZATION DEBTOR	26. THE OF ORGANIZATION	21. SURIODIONION OF ONOMICENTION	29. 0110	g. Onormanionne to military				
	Y'S NAME (or NAME of	of TOTAL ASSIGNEE of ASSIGNOR	S/P) - insert only one secured party name (3a o	r 3b)		N			
3a. ORGANIZATION		ıt.							
South Valle	AST NAME		FIRST NAME	MIDDLE	MIDDLE NAME				
South Valle				i					
South Valle 3b. INDIVIDUAL'S LA			CITY	STATE	POSTAL CODE	COUNTRY			







	ront and back) CA	AREFULLY I RELATED FINANCING STA'	TEMENT	-			
9a. ORGANIZATION'S NAM		RELATED FINANCING STA	IEMENI	1			
Bar-Met, LLC							
9b. INDIVIDUAL'S LAST NA	ME	FIRST NAME	MIDDLE NAME, SUFFIX	1			
MISCELLANEOUS:							
		*					
				THE ABOVE	SPACE	S FOR FILING OFFICE	USE ONLY
1. ADDITIONAL DEBTOR		LEGAL NAME - insert only one	name (11a or 11b) - do not abbr	eviate or combine nam	es		
TTa. ORGANIZATION S NAM	/IE						
R 11b. INDIVIDUAL'S LAST N	AME		FIRST NAME		MIDDLE NAME		SUFFIX
c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
d. SEE INSTRUCTIONS	ADD'L INFO RE 1 ORGANIZATION	1e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION		11g. ORGANIZATIONAL ID #, if any		
	DEBTOR						Пис
. ADDITIONAL SECU		or ☐ ASSIGNOR S/P'S	NAME - insert only one nam	e (12a or 12b)			
12a. ORGANIZATION'S NAM	AIE						
12b. INDIVIDUAL'S LAST N	12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME SUFFIX		
c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
. This FINANCING STATEMEN		er to be cut or as-extracted	16. Additional collateral desc	ription:			
collateral, or is filed as a Description of real estate:	fixture filing.						
The Easterly 52 fe	et, less the	Northwest 7 feet					
of Lot 1, Block 49), NICHOLS	ADDITION to the ling to the official					
plat thereof on fil	e in the off	fice of the County					
Clerk of Klamath C	County, Ore	jon					
 Name and address of a REC (if Debtor does not have a rec 		ove-described real estate					
Bar-Met, LLC							
707 Addison St			17 Object 1 // 11 11				, ,
Klamath Falls, OR	97601		17. Check <u>only</u> if applicable and Debtor is a Trust or			operty held in trust or	Decedente Eco
			DODGO TO A TITUSE OF	nusice admig with res		porty new mittust. Of	Devending ESB
			18. Check only if applicable a	ind check only one box	<u>.</u>		
			18. Check only if applicable a		<u>(</u> .		
				IG UTILITY		ı - effective 30 years	