NTC 85992-KR	KR -

## 2009-011589

Klamath County, Oregon

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UCC FINANCING STATEMENT	0007	00071828200900115890020028				
OLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]	08/28/20	009 03:16:01 PM	Fee: \$26.00			
B. SEND ACKNOWLEDGMENT TO: (Name and Address)						
Pacific Continental Bank RE: PO Box 10727						
Eugene, OR 97440						
	THE ABOV	E SPACE IS FOR FILING OFFICE US	E ONLY			
DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a     ORGANIZATION'S NAME     Tucker Professional Building LLC	or 1b) - do not abbreviate or combine names					
OR 1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX			
1c. MAILING ADDRESS 2586 Clover Street	спу Klamath Falls	STATE POSTAL CODE OR 97601	COUNTRY			
1d. SEE INSTRUCTIONS ADD'L INFO RE 19. TYPE OF ORGANIZATION ORGANIZATION DEBTOR LLC	1f. JURISDICTION OF ORGANIZATION OR	1g. ORGANIZATIONAL ID #, if any 623807-96	None			
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one 2a. ORGANIZATION'S NAME	debtor name (2a or 2b) - do not abbreviate or cor	mbine names	,			
OR 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX			
2c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY			
2d. SEE INSTRUCTIONS ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	2f. JURISDICTION OF ORGANIZATION	2g. ÓRGANIZATIONAL ID #, if any	None			
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR	R S/P) - insert only <u>one</u> secured party name (3a o	or 3b)				
Pacific Continental Bank OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX			
3c. MAILING ADDRESS PO Box 10727	city Eugene	STATE POSTAL CODE OR 97440	COUNTRY			

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).

SECURED PARTY'S LIEN ON FIXTURES IS SPECIFIC TO THOSE FIXTURES OWNED BY DEBTOR AND LOCATED AT 2586 CLOVER STREET, KLAMATH FALLS, OR 97601.

SELLER/BUYER BAILEE/BAILOR CONSIGNEE/CONSIGNOR 5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR 6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL [if applicable]

OPTIONAL FILER REFERENCE DATA

<u> </u>	NAME OF FIRST DERTOR /12 or	ack) CAREFULLY 1b) ON RELATED FINANCING STAT	EMENT			
<b>3</b> .	9a. ORGANIZATION'S NAME	TE) ON REENTED   MANOING GTAT	LINENT			
	Tucker Professional B	uilding LLC				
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
10.	MISCELLANEOUS:		<u>'</u>			
				THE ABOVE SPACE	IS FOR FILING OFF	CE USE ONLY
11.	ADDITIONAL DEBTOR'S EXACT	FULL LEGAL NAME - insert only one n	ame (11a or 11b) - do not abbreviate or	combine names		
	THE ONORNIZATION O NAME					
OR	11b. INDIVIDUAL'S LAST NAME	·· M	FIRST NAME	MIDDLE	NAME	SUFFIX
11c	MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
110	SEE INSTRUCTIONS ADD'L INFO ORGANIZA DEBTOR		11f. JURISDICTION OF ORGANIZAT	TON 11g. OR	GANIZATIONAL ID #, if a	any None
12.		RTY'S or ASSIGNOR S/P'S	NAME - insert only one name (12a d	or 12b)		I BACIAE
	12a. ORGANIZATION'S NAME			•		
OR						
OK	12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
120	MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
14. L.	This FINANCING STATEMENT covers collateral, or is filed as a Description of real estate:  ot 9 in Block 5 of TRAC IEW, according to the or	T NO. 1163, CAMPUS fficial plat thereof on	16. Additional collateral description:			
	le in the office of tl lamath County, Oregon					
15.	Name and address of a RECORD OWNE Debtor does not have a record interest):	R of above-described real estate (if				
	1.		17. Check only if applicable and chec		perty held in trust or	Decedent's Estate
			18. Check only if applicable and chec		<del> </del>	<b>1</b>
			Debtor is a TRANSMITTING UTIL	ITY		
			Filed in connection with a Manufac	ctured-Home Transaction	- effective 30 years	