				2009-011590 Klamath County, Oregon					
JCC FINANCIN				00071829200900115900020025					
OLLOW INSTRUCTION A. NAME & PHONE OF			0:	B/28/2009 03:16:43	в РМ	Fee: \$26.00			
B. SEND ACKNOWLED	GMENT TO: (Nar	ne and Address)							
Pacific C RE: PO Box	Continental I	∃ank							
	OR 97440	1E - insert only one debtor name (1a	THE A		OR FILING OFFICE U	SE ONLY			
1a. ORGANIZATION'S I	NAME	Seneral Dentistry, Inc							
R 1b. INDIVIDUAL'S LAST	r NAME	John John John John John John John John	FIRST NAME	MIDDLE	NAME	SUFFIX			
MAILING ADDRESS 2586 Clover Street			Klamath Falls	STATE OR	POSTAL CODE 97601	COUNTRY			
SEE INSTRUCTIONS	ADD'L INFO RE 10. TYPE OF ORGANIZATION ORGANIZATION DEBTOR COrporation		1f. JURISDICTION OF ORGANIZATION OR	3196	1g. ORGANIZATIONAL ID #, if any 319652-88				
2a. ORGANIZATION'S N	NAME		lebtor name (2a or 2b) - do not abbreviate	or combine names		NONE			
Tucker Professional Building, LLC 2b. INDIVIDUAL'S LAST NAME . MAILING ADDRESS 2586 Clover Street			FIRST NAME	MIDDLE	NAME	SUFFIX			
			Klamath Falls	STATE OR	POSTAL CODE 97601	COUNTRY			
SEE INSTRUCTIONS	ORGANIZATION DEBTOR	LLC	2f. JURISDICTION OF ORGANIZATION OR	6238	ANIZATIONAL ID #, if any	, Inone			
SECURED PARTY'S 3a. ORGANIZATION'S N Pacific Contir	IAME	of TOTAL ASSIGNEE of ASSIGNOR	S/P) - insert only <u>one</u> secured party name	e (3a or 3b)					
3b. INDIVIDUAL'S LAST NAME			FIRST NAME	MIDDLE	NAME	SUFFIX			
MAILING ADDRESS			CITY Eugene	STATE OR	POSTAL CODE	COUNTRY			
PO Box 10727									

2100mt

WC 85990-KR

		NTADDENDUM	l				
NAME OF FIRST DE		N RELATED FINANCING STA	ATEMENT	1			
9a. ORGANIZATION'S	NAME		, <u>, , , , , , , , , , , , , , , , , , </u>				
≺ ∟		eneral Dentistry, Inc					
9b. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE NAME, SUFFI)	1			
MISCELLANEOUS:				1			
ADDITIONAL DEDT	OB'S EVACT FULL		THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY				
11a. ORGANIZATION'S	NAME	LEGAL NAME - insert only one	name (11a or 11b) - do not abbre	viate or combine nam	108		
11b. INDIVIDUAL'S LAS	T NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
c. MAILING ADDRESS			CITY		STATE	IDOSTAL CODE	
						POSTAL CODE	COUNTR
SEE INSTRUCTIONS	ADD'L INFO RE 1 ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION		11g. ORGANIZATIONAL ID#, if any		
ADDITIONAL SEC		or ASSIGNOR S/P'S	NAME - insert only one name	(12a or 12b)			
12a. ORGANIZATION 3	IVANIE	•					
12b. INDIVIDUAL'S LAST	12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX
L			CITY		STATE	POSTAL CODE	COUNTR
This FINANCING STATEM collateral, or is filed as a Description of real estate:	MENT covers timber	to be cut or as-extracted	16. Additional collateral descri	ption:	<u></u>	1	<u> </u>
ot 9 in Block 5 o IEW, according	to the officia	1163, CAMPUS I plat thereof on					
le in the offic lamath County,		ounty Clerk of					
Name and address of a RE Debtor does not have a rec	CORD OWNER of abov	re-described real estate (if					
ucker Professio	nal Building	LLC					
586 Clover Stred Iamath Falls, Ol			17. Check only if applicable and				F=1
			Debtor is a Trust or Tr			erty held in trust or	Decedent's Est
			Debtor is a TRANSMITTING Filed in connection with a Ma		nng-1:	effective 00	
			!IT	anufactured-Home Tra		emective 30 years	