M	_87462-L	_W

2010-010014

Klamath County, Oregon



UCC FINANCING STATEMENT
FOLLOW INSTRUCTIONS (from and back) CAREFULLY

08/23/2010 03:17:37 PM

Fee: \$42.00

NAME & PHONE OF CONTACT AT FILER [optionel]				
SEND ACKNOWLEDGMENT TO: (Name and Address)				
Umanua Bank				
' Umpqua Bank PO Box 1580			-	
Roseburg, OR 97470			-	
1/0865419, 01/ 0/ 4/ 0			- 1	
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		E SPACE IS FO	R FILING OFFICE USE	UNLY
DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names			
1a. ORGANIZATION'S NAME S.O.S. Properties		-		
1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	IAME	SUFFIX
ID. HOIVIDAGO DIO I IVIII		· 1		
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
.O. Box 1684	Alturas	CA	96101-1684	USA
SEE INSTRUCTIONS ADD'L INFO RE 16. TYPE OF ORGANIZATION	11. JURISDICTION OF ORGANIZATION	19. ORG	ANIZATIONAL ID #, if any	
ORGANIZATION Partnership	I CA			XNO
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only is	ne debtor name (2a or 2b) - do not abbreviete or co	semen enidax		
28. ORGANIZATION'S NAME	A 7 7		- 1	
2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
126, INDIVIDUAL'S LAST NAME		4	· I	
	CITY	STATE	POSTAL CODE	COUNTRY
MAILING ADDRESS		4	-	
SEE INSTRUCTIONS ADD'L INFO RE 120. TYPE OF ORGANIZATION	21. JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID #, if eny	
ORGANIZATION DEBTOR	-	W	`	
BECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIG	NOR S/P) - insert only one secured party name (3e	or 3b)		
38. ORGANIZATION'S NAME		$\overline{}$		
Umpqua Bank		IMIDDLE	NAME	SUFFIX
3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SOFTIA
		STATE	IPOSTAL CODE	COUNTRY
MAILING ADDRESS	Roseburg	OR	97470	USA
C/O Loan Support Services, PO Box 1580				

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]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR	BAILEE/BAILOR SELLER/BUYER	AG. LIEN NON-UCC FILING
6. ATTERNATIVE DESIGNATION (II make the filed (for record) (or recorded) in the REAL 7. Check to 1. [ADDITION of the REAL 1. [ADDITION of the REAL 2. [ADDITION of the REAL 3. [ADDITION of the REAL	REQUEST SEARCH REPORT(S) on Debtor(s)	All Debtors Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA		
68894424		

CC FINANCING S			M				
NAME OF FIRST DEBTO	R (1a or 1b) ON I	RELATED FINANCING	STATEMENT				
9a. ORGANIZATION'S NAME	-						
S.O.S. Properties			MIDDLE NAM	c edectiv			
96. INDIVIDUAL'S LAST NAMI	E	FIRST NAME	MIDDLE NAM	E, SUFFIX		_	
			1			- 6.	
MISCELLANEOUS:						- 1	
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	•			4	a. #	_ Ab. `	Th
					~	/]	-
•					9.	<i>a r</i> -	
						IS FOR FILING OFFK	CE USE ONLY
. ADDITIONAL DEBTOR'S	EXACT FULL L	EGAL NAME - insert only	one name (11a or 11b) - d	not abbreviate or c	ombine names		
11a. ORGANIZATION'S NAME			- 4			le.	
			AT				Inivirus
116. INDIVIDUAL'S LAST NAM	ME		FIRST NAME	h. 7h.	MIDOLE	NAME	SUFFIX
		***	430			Inches and	CO. WITE
. MAILING ADDRESS			CITY	. The .	STATE	POSTAL CODE	COUNTRY
			and HURSON	OF ORGANIZATION	N 440 00	GANIZATIONAL ID #, # a	DV.
10	RGANIZATION	a. TYPE OF ORGANIZATI	ON THE JUNISORCHO	OF ORGANIZATIO	24 [1] On	SANIZATIONAL ID W. N .	 Dno:
	EBTOR			746	401.)		I NO
ADDITIONAL SECUR		M ASSIGNOR	S/P'S NAME insert on	y one name (12e or	120)		
128, ORGANIZATIONS NAME	-	- //	4 6				
12b. INDIVIDUAL'S LAST NA	MF		FIRST NAME		MIDDLE	NAME	SUFFIX
120. MONIDOALO DIOT IVI		- T	- 10		All "	% 7	
. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
- 4	- 44				_ `\\	4	
. This FINANCING STATEMENT	Covers timbe	r to be cut or as-extra	cted 16. Additional coll	steral description:			
collateral, or is filed as a					1 1		
Description of real estate;		3	1	10.	- N	h.	
Parcel 1: Lot 7 and	the North 2	5 reet of Lot 6 in		7	4	T.	
Block 29 of Town of ficial plat thereof	ot Merrill, a	the office of the		_ =			
oπicial plat thereof County Clerk of Kla	math Cou	oty Oregon					
-							
Parcel 2: Lot 5 and							•
n Block 29 of Tov the official plat the	vn of Merri	in, according to		P			
ne official plat the he County Clerk o	f Klamath (in ule Onice o					
tie County Clerk o	i Mainani (Journey, Grogo	'				
 Name and address of a RECO Debtor does not have a record 	RD OWNER of abor	ve-described real estate (if					
Depth does not have a term a	, ((10) - 11)						
			437				
				applicable and check	c <u>only</u> one box. acting with respect to p	roparty hald in tout or	Decedent's Esta
				applicable and check		Aband nam trans. At	1
				ANSMITTING UTIL			
					qured-Home Transactio	on	
				ction with a Public-F			