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2010-011236

Klamath County, Oregon



	JCC FINANCING STATEMENT		09/21	09/21/2010 03:07:14 PM		
OLLOW INSTRUCTION NAME & PHONE OF					<u> </u>	
SEND ACKNOWLED	OGMENT TO: (Name	e and Address)				
	Continental B	ank	٦			
RE: PO Box	10727					
	, OR 97440					
				N/E 6D46E I6 E6	ND FILLING OFFICE LIN	NE ON!! V
DEBTOR'S EXACT	FULL LEGAL NAME	- insert only one debtor name (1a)	or 1b) - do not abbreviate or combine names	JVE SPACE IS FO	R FILING OFFICE US	SE ONLY
1a. ORGANIZATION'S		<u> </u>				
	1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAM		SUFFIX
L . MAILING ADDRESS P.O. Box 52		Crescent Lake	STATE OR			
					1g. ORGANIZATIONAL ID #, if any 759993-84	
SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	19. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION OR	1 *		_
	ORGANIZATION DEBTOR OR'S EXACT FULL	LLC	•	7599		_
ADDITIONAL DEBT	ORGANIZATION DEBTOR OR'S EXACT FULL NAME	LLC	OR	7599	93-84	_
ADDITIONAL DEBT 2a. ORGANIZATION'S 2b. INDIVIDUAL'S LAS Kielblock	ORGANIZATION DEBTOR OR'S EXACT FULL NAME	LLC	OR lebtor name (2a or 2b) - do not abbreviate or FIRST NAME James	7599 combine names MIDDLE	93-84 NAME	SUFFIX
ADDITIONAL DEBT 2a. ORGANIZATION'S 2b. INDIVIDUAL'S LAS Kielblock MAILING ADDRESS	ORGANIZATION DEBTOR OR'S EXACT FULL NAME	LLC	OR lebtor name (2a or 2b) - do not abbreviate or . FIRST NAME	7599	93-84	Nc
ADDITIONAL DEBT 2a. ORGANIZATION'S 2b. INDIVIDUAL'S LAS Kielblock MAILING ADDRESS PO Box 52	ORGANIZATION DEBTOR OR'S EXACT FULL NAME ST NAME ADD'L INFO RE ORGANIZATION	LLC	OR Nebtor name (2a or 2b) - do not abbreviate or FIRST NAME James CITY	7599 combine names MIDDLE A. STATE OR	93-84 NAME POSTAL CODE	SUFFIX COUNTRY USA
2a. ORGANIZATION'S R 2b. INDIVIDUAL'S LAS Kielblock MAILING ADDRESS PO Box 52 SEE INSTRUCTIONS	ORGANIZATION DEBTOR OR'S EXACT FULL NAME ST NAME ADD'L INFO RE ORGANIZATION DEBTOR	LEGAL NAME - insert only one of the control of the	OR lebtor name (2a or 2b) - do not abbreviate or FIRST NAME James CITY Crescent Lake 2f. JURISDICTION OF ORGANIZATION	7599 combine names MIDDLE A. STATE OR 29. ORG.	93-84 NAME POSTAL CODE 97425	SUFFIX COUNTRY USA
ADDITIONAL DEBT 2a. ORGANIZATION'S 2b. INDIVIDUAL'S LAS Kielblock MAILING ADDRESS O Box 52 SEE INSTRUCTIONS SECURED PARTY 3a. ORGANIZATION'S	ORGANIZATION DEBTOR OR'S EXACT FULL NAME ST NAME ADD'L INFO RE ORGANIZATION DEBTOR "S NAME (or NAME or NAME)	LEGAL NAME - insert only one of the control of the	OR Lebtor name (2a or 2b) - do not abbreviate or FIRST NAME James CITY Crescent Lake	7599 combine names MIDDLE A. STATE OR 29. ORG.	93-84 NAME POSTAL CODE 97425	SUFFIX COUNTRY USA
ADDITIONAL DEBT 2a. ORGANIZATION'S 2b. INDIVIDUAL'S LAS Kielblock MAILING ADDRESS PO Box 52 I. SEE INSTRUCTIONS SECURED PARTY	ORGANIZATION DEBTOR OR'S EXACT FULL NAME ST NAME ADD'L INFO RE ORGANIZATION DEBTOR "S NAME (or NAME or NAME	LEGAL NAME - insert only one of the control of the	OR lebtor name (2a or 2b) - do not abbreviate or FIRST NAME James CITY Crescent Lake 2f. JURISDICTION OF ORGANIZATION	7599 combine names MIDDLE A. STATE OR 29. ORG.	POSTAL CODE 97425 ANIZATIONAL ID #, if any	SUFFIX COUNTRY USA

Resort; 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).

ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR CONSIG	NEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
This FINANCING STATEMENT is to be filed ESTATE RECORDS. Attach Addendum	[for record] (or recorded) in the REAL [if applicat	7. Check to REQUE [ADDITIONAL FE		S) on Debtor(s)	All Debtors	Debtor 1 Debtor 2
ODTIONAL FILER REFERENCE DATA						



	back) CAREFULLY	TEMENIT			
9a. ORGANIZATION'S NAME	or 1b) ON RELATED FINANCING STA	I EMEN :			
Shelter Cove Resort	LLC				
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
MISCELLANEOUS:					
		1	THE ABOVE SPACE	IS FOR FILING OFFIC	E USE ONLY
. ADDITIONAL DEBTOR'S EXA	CT FULL LEGAL NAME - insert only one	name (11a or 11b) - do not abbreviate or	combine names		
11a. ORGANIZATION'S NAME					
AAL INDIVIDUALIC LACT NAME		TFIRST NAME	IMIDOLE	NIA NAT	SUFFIX
Kielblock	Kielblock MAILING ADDRESS		G.		
c. MAILING ADDRESS PO Box 52			OR	POSTAL CODE 97425	COUNTR
d. SEE INSTRUCTIONS ADD'L IN ORGANI DEBTOR	ZATION Individual	11f. JURISDICTION OF ORGANIZAT	TIÓN 11g. OR	GANIZATIONAL ID #, if an	ıy 🔽
ADDITIONAL SECURED I	PARTY'S or ASSIGNOR S/P'S	NAME - insert only one name (12a c	r 12b)		
12a. ORGANIZATION'S NAME					
					SUFFIX
12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	MIDDLE NAME	
Zc. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTR
This FINANCING STATEMENT cover collateral, or is filed as a fixture. Description of real estate:	L_1 L_1	16. Additional collateral description:			
·	Odell Lake, Klamath				
-	ownship 23 S, Range 6				
Name and address of a RECORD OW Debtor does not have a record interes					
Name and address of a RECORD OW Debtor does not have a record interes		17. Check polly if applicable and about	k ally one hey		
		17. Check only if applicable and chec	_	operty held in trust or	Decedent's E
		17. Check only if applicable and chec Debtor is a Trust or Trustee 18. Check only if applicable and chec	acting with respect to pr	operty held in trust or	Decedent's E
		Debtor is a Trust or Trustee	acting with respect to pr	operty held in trust or	Decedent's E