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s.com		
N°		

## UCC FINANCING STATEMENT

K. Linville (541) 880-5271

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

South Valley Bank & Trust Commercial Branch P O Box 5210 Klamath Falls, OR 97601

Klamath	County,	Oregon

2012-001436

00113730201	20001436002002	26

02/08/2012 09:45:15 AM

Fee: \$42.00

	THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY						
			- insert only <u>one</u> debtor na	me (1a or 1b) - do not abbreviate or comb	ine names		
- 1	Ia. ORGANIZATION'S NA				Y. 94	7 B. '	
	Hoss Propertie				9. //		
	16. INDIVIDUAL'S LAST N	NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
	IAILING ADDRESS			CITY	STATE	TPOSTAL CODE	COUNTRY
	D. Box 173			Klamath Falls	OR	97601	USA
		T	Terror or oppositely			ANIZATIONAL ID #, if an	1
1d. <u>S</u>	EE INSTRUCTIONS	ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZAT	OR		401-93	NONE
			LEGAL NAME - insert or	ily one debtor name (2a or 2b) - do not ab	breviate or combine names		
2	Za. ORGANIZATION'S NA	ME		X / /	b	4.	
OR 2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	MIDDLE NAME			
2c. M	IAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
2d. <u>S</u>	EE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZĂT	ON 2f. JURISDICTION OF ORGAN	JIZATION 2g. ORG	ANIZATIONAL ID#, if ar	y None
3. SE	CURED PARTY'S	NAME (or NAME of	of TOTAL ASSIGNEE of ASS	SIGNOR S/P) - insert only one secured pa	rty name (3a or 3b)	-	
[3	sa. ORGANIZATION'S NA South Valley E				$\overline{}$	-	
OR 3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	MIDDLE NAME			
3c. M	IAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
Р (	D Box 5210			Klamath Falls	OR	97601	USA
	IS FINANCING STATEME						
wi	hether any of the	he foregoing	g is owned now of the foregoing	at 735 Commercial Stre or acquired later; all acc ; all records of any kind surance, general intangib	essions, additions relating to any of	, replacements the foregoing:	, and

		CONSIGNEE/CONS	IGNOR BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is to be filed [for ESTATE RECORDS. Attach Addendum	record] (or recorded) in t	the REAL 7. Che if applicable] 7. Che	ck to REQUEST SEARCH REPO DITIONAL FEE]	ORT(S) on Debtor(s) [optional]	All Debtors	Debtor 1 Debtor 2
ODTIONAL EILER RECEDENCE DATA						

DEFORM IND LLOC LIQUA (III	ont and back) CAREFULLY						
. NAME OF FIRST DEBTO	R (1a or 1b) ON RELATED F	INANCING STATEM	IENT				
9a. ORGANIZATION'S NAME				1			
Hoss Properties,	LLC						
9b. INDIVIDUAL'S LAST NAM	AE FIRST NAME		MIDDLE NAME, SUFF	ΞΙX			
				_			
					4	•	
						Th	
					- 40		
				_	4		
				-		<i>/</i> /	
				T	P 4	7 Th. '	
				THE ABOV	/E SPACE	S FOR FILING OFFIC	E USE ONLY
ADDITIONAL DEBTOR'S	S EXACT FULL LEGAL NAMI	F - insert only one name	(11a or 11b) - do not abb	reviate or combine na	mes		
11a. ORGANIZATION'S NAM		L moore only one marke	(TTE OF TTD) - GO HOL GOD	Teviete or Combine He	IIICS		
			- A - A		W		
11b. INDIVIDUAL'S LAST NA		Teu	RST NAME	-	MIDDLE	NANE	SUFFIX
INDIVIDUAL GEAGI NA	VIL		TO I NAME	. 1	MIDDLE	NAME	SUFFIX
				<u> </u>			
MAILING ADDRESS		CI	TY		STATE	POSTAL CODE	COUNTRY
		- E 14	m m			·	
	DD'L INFO RE 11e. TYPE OF C	RGANIZATION 11	f. JURISDICTION OF OR	GANIZATION	11g. ORG	ANIZATIONAL ID#, if an	y ·
	rganization * Ebtor	450		,	i	- 10	
ADDITIONAL SECU		OLONIOR OFFICE	No.				1 INC
12a. ORGANIZATION'S NAM		SIGNOR S/PS N	AME - insert only one name	ne (12a or 12b)			
126. ORGANIZATIONS NAIM			7				
12b. INDIVIDUAL'S LAST NAI	ME	FIF	RST NAME		MIDDLE	NAME	SUFFIX
		N //		- 1			ı
MAILING ADDRESS		CIT	ſΥ	_	STATE	POSTAL CODE	COUNTRY
	- AF 3%			_ %		- 47	
This FINIANIONIO OTATEMENT		16	, Additional collateral des		_		
	covers timber to be cut or	as-extracted 16	, Additional collateral des	cripuon:			
Description of real estate:	fixture filing.				W		
arcel 1	7 7	4	<b>~</b> L		Th. 1		
	12, inclusive, and	Lote 15			-		
rought 18. incl	usive, Block 16,	SECOND					
AILROAD ADDITI	ON to the City of	Klamath	16				
ills, EXCEPTING	THEREFROM that r	ortion of					
aid Lot 11, Block	16, conveyed to the	e State of					
regon by Deed r	ecorded in Book 2 of Klamath County,	Orogon					
	or Klainaur County,	, Oregon.					
arcel 2	40 OFGOND B	AUDOAD					
DOITION to the	ock 16, SECOND R e City of Klama	AILKUAD					
cording to the o	fficial plat thereof	on file in					
e office of the	County Clerk of	Klamath					
ounty, Oregon	•	· i					
_							
Name and address of a RECOR	RD OWNER of above-described rea	al estate (if					
Debtor does not have a record		= •					
oss Properties, LL	C						
35 Commercial St	reet						
amath Falls, OR		17.	Check only if applicable a	and check <u>only</u> one bo	ox.		
•		Del	otorisa Trust or	Trustee acting with r	espect to pro	perty held in trust or	Decedent's Esta
		18.	Check only if applicable a	and check only one bo	ox.		<del>'</del>
				<del></del>			
		,, ,	Deplor is a TRANSMITTI				
		H	Debtor is a TRANSMITTI		<b>*</b>		
			Filed in connection with a Filed in connection with a	Manufactured-Home			