2012-004126 Klamath County, Oregon 04/20/2012 10:13:56 AM Fee: \$42.00 UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] LYNETTA AYLING 541-471-8662 B. SEND ACKNOWLEDGMENT TO: (Name and Address) SOFCU COMMUNITY CREDIT UNION AFFILIATE OF FIRST COMMUNITY CU PO BOX 1358 **GRANTS PASS, OR 97528** THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (1a or 1b) - do not abbreviate or combine names 1a, ORGANIZATION'S NAME 1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX SHIDLER PHYLLIS C 1c. MAILING ADDRESS STATE POSTAL CODE COUNTRY 22622 SCHAUPP ROAD 97603 **USA** KLAMATH FALLS OR ADD'L INFO RE ORGANIZATION DEBTOR 1f. JURISDICTION OF ORGANIZATION 1d. SEE INSTRUCTIONS 1e. TYPE OF ORGANIZATION 1g. ORGANIZATIONAL ID#, if any NONE 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names 2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 2c. MAILING ADDRESS POSTAL CODE COUNTRY ADD'L INFO RE ORGANIZATION DEBTOR 2d. SEE INSTRUCTIONS 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID#, if any NONE 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE OF ASSIGNOR S/P) - insert only one secured party name (3a or 3b) 3a, ORGANIZATION'S NAME 35. INDIVIDUAL'S LAST NAME FIRST NAMÉ MIDDLE NAME SUFFIX 3c. MAILING ADDRESS STATE POSTAL CODE COUNTRY 4. This FINANCING STATEMENT covers the following collateral: Fiberglass balling crawl space, Mitsubishi heat pump,

FQI	LOW INSTRUCTIONS (front and	EMENT ADDENDUM back) CAREFULLY b) ON RELATED FINANCING STATE	EMENT				
OR	9b. INDIVIDUAL'S LAST NAME SHIDLER	FIRST NAME PHYLLIS	MIDDLE NAME, SUFFIX				
10.	MISCELLANEOUS:						
						OR FILING OFFICE U	SE ONLY
11,	ADDITIONAL DEBTOR'S EXACT	FULL LEGAL NAME - insert only <u>one</u> n	ame (11a or 11b) - do not abbrevi	ate or combine name	es		
OR	11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX
22	c. mailing address 22622 SCHAUPP RD		KLAMATH FALLS		STATE	POSTAL CODE 97603	COUNTRY
11d.	SEE INSTRUCTION ADD'L INFO RE 11s. TYPE OF ORGANIZATION DEBTOR		11f. JURISDICTION OF ORGANIZATION		11g. ORG	ANIZATIONAL ID#, if any	NONE
12.	ADDITIONAL SECURED PA	RTY'S or ASSIGNOR S/P'S	NAME - insert only <u>one</u> name (12a or 12b)			
OR	2b, INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUFFIX
12c.	MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
14, TW	This FINANCING STATEMENT covers collateral, or is filed as a fixture filling description of real estate: VP 40 RANGE 11, BLOCK CRES 80.00, MS X#237753	SEC 4, TRACT POR N2,	16. Additional collateral desc	ription:			1
	522 SCHAUPP ROAD AMATH FALLS, OR 9760)3					
15.	Name and address of a RECORD OWN (if Debtor does not have a record interes		17. Check only if applicable a			rty held in trust or TDecs	dent's Estate
			Debtor is a Trust or Trustee acting with respect to property held in trust or Decedent's Estate 18. Check <u>only</u> if applicable and check <u>only</u> one box. Debtor is a TRANSMITTING UTILITY Filed in connection with a Public-Finance Transaction — effective 30 years				