2012-004796 Klamath County, Oregon

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NAME & PHONE OF CONTACT AT FILER (poptonal) ymetta 541 - 471 - 8662 SEND ACKNOWLEDGMENT TO. (Name and Address) SOFCU Attn: Lynctta P.O. Box 1358 Grants Pass OR 97528 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (Ta or 10) - do not abbreviolite or combine names Ta. NEMINIOUALS LAST NAME Biggs MALING ADDRESS TOTY STATE ADDL INFO RE ADDL INFO RE ADDL INFO RE ADDL INFO RE ADDLING ADDRESS TOTY ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - Insert only one debtor name (Ta or 2b) - do not abbreviate or combine names Ta. NEMINIOUALS LAST NAME Biggs MALING ADDRESS CITY STATE POSTAL CODE COUNTRY ADDLING OR 97603 US SEE INSTRUCTIONS ADDLING OR PARTY S NAME ADDLING OR PARTY S NAME BIRST NAME BIRST NAME ADDLING OR PARTY S NAME ADDLING OR PARTY S NAME (or NAME of TOTAL ASSIGNEE OF ASSIGNOR S.P) - Insert only one secured party name (Sa or 3b) SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE OF ASSIGNOR S.P) - Insert only one secured party name (Sa or 3b) Ta. CRONNIZATIONS TAME BIRST NAME BIRST NAM	JCC FINANCING STATEMENT	05/0 	8/2012 09:32:	12 AM	Fee:
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SOFCU Attn: Lynetta P.O. Box 1358 Grants Pass OR 97528 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS F	Lynetta 541-471-8662				
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MAILING ADDRESS CITY Grants Pass OR 97528 US	SOFCU an Affiliate of First Communit	y Credit Union			
P.O. Box 1358 Grants Pass OR 97528 US	3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE N	AME	SUFFIX
P.O. Box 1358 Grants Pass OR 97528 US					
	c. MAILING ADDRESS				! ' ' '
This FINANCING STATEMENT covers the following collateral:	P.O. Box 1358	Grants Pass	OR	97528	US
XR15 HEAT PUMP SYSTEM, GAS WATER HEATER	This FINANCING STATEMENT covers the following collateral:		OR	177326	108
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8. OPTIONAL FILER REFERENCE DATA

	C FINANCING STA	TEMENT ADDENDUM nd back) CAREFULLY					
9. N	,	or 1b) ON RELATED FINANCING STATE	MENT]			
	9a. ORGANIZATION'S NAME						
OR	95. INDIVIDUAL'S LAST NAME Biggs	First NAME Meghan	MIDDLE NAME, SUFFIX				
10.	MISCELLANEOUS:						
<u> </u>					PACE IS F	OR FILING OFFICE US	BE ONLY
11.	ADDITIONAL DEBTOR'S EXA	CT FULL LEGAL NAME - insert only one na	ame (11a or 11b) - do not abbrevi	ate or combine names			
OR	11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE N	IAME	SUFFIX
11c.	L MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
11d.	SEE INSTRUCTION ADD'L IN		11f. JURISDICTION OF ORG	SANIZATION	11g. ORG.	ANIZATIONAL ID#, if any	
	DEBTOR		<u> </u>		<u> </u>		NONE
12.	ADDITIONAL SECURED 12a. ORGANIZATION'S NAME	PARTY'S or ASSIGNOR S/P'S	NAME - insert only one name (12a or 12b)			******
OR	12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE N	IAME,	SUFFIX
12c.	MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
14. Lot	collateral, or is filed as a fixture Description of real estate: 15 in Block 7, of TRAC	T NO.1025, WINCHESTER, thereof on file in the office of	16. Additional collateral descri	ription:	ı	į	
15.	Name and address of a RECORD O (if Debtor does not have a record int	WNER of above-described real estate erest):	17. Check only if applicable a Debtor is a Trust or T 18. Check only if applicable a Debtor is a TRANSMITTI Filed in connection with a	Frustee acting with resp and check <u>only</u> one box NG UTILITY	ect to proper		dent's Estate