CC FINANCING STATEMENT DLOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER (optional) Lynetta 541-471-8662 SEND ACKNOWLEDGMENT TO: (Name and Address) SOFCU Attn: Lynetta P.O. Box 1358 Grants Pass OR 97528 DEBTOR'S EXACT FULL LEGAL NAME—insert only sold debter name (1a or 1b) - do not abble evidete or combine names 1a. ORGANIZATION'S NAME	2012000480200200 0:48:24 AM S FOR FILING OFFICE U)222 Fee: \$42,	
SOFCU Attn: Lynetta P.O. Box 1358 Grants Pass OR 97528 DEBTOR'S EXACT FULL LEGAL NAME — insert only goe debter name (1a or 1b) - do not abb. eviate or combine names			
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P.O. Box 1358 Grants Pass OR 97528 THE ABOVE SPACE IS EBTOR'S EXACT FULL LEGAL NAME = insert only sons debtor name (1s or 1b) - do not abb evilate or combine names	S FOR FILING OFFICE U		
Grants Pass OR 97528 THE ABOVE SPACE IS EBTOR'S EXACT FULL LEGAL NAME — insert only gots debter name (1s or 1b) - do not abb aviate or combine names	S FOR FILING OFFICE U		
EBTOR'S EXACT FULL LEGAL NAME insert only <u>one</u> debtor name (1s or 1b) - do not abb eviate or combine names	S FOR FILING OFFICE U		
EBTOR'S EXACT FULL LEGAL NAME insert only <u>one</u> debter name (1e or 1b) - do not abbleviate or combine names	S FOR FILING OFFICE U		
		SE ONLY	
1a. ORGANIZATION'S NAME			
15. INDIVIDUAL'S LAST NAME FIRST NAME MIDD	DLE NAME	SUFFIX	
Court James			
ALLING ADDRESS CITY STAT		COUNTRY	
608 Reeder Rd Klamath Falls OF EINSTRUCTIONS ADD'L INFO RE 18. TYPE OF ORGANIZATION 11. JURISDICTION OF ORGANIZATION 19. O	R 97603 DRGANIZATIONAL ID#, if any	US	
ORGANIZATION DEBTOR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	NONE	
DITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names	s	[]140/AE	
2a. ORGANIZATION'S NAME	~		
	DLE NAME	SUFFIX	
Court Linda M AILING ADDRESS CITY STAT		COUNTRY	
[OR 97603	US	
EE INSTRUCTIONS ADD'L INFO RE 2e. TYPE OF ORGANIZATION 2f. JURISDICTION OF ORGANIZATION 2g. O ORGANIZATION DEBTOR	DRGANIZATIONAL ID#, if any	NONE	
ECURED 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			
3a. ORGANIZATION'S NAME SOFCU an Affiliate of First Community Credit Union	DLÉ NAME	SUFFIX	
SOFCU an Affiliate of First Community Credit Union	DLÉ NAME	SUFFIX	
3a. ORGANIZATION'S NAME SOFCU an Affiliate of First Community Credit Union	TE POSTAL CODE	SUFFIX COUNTRY	

2012-004802

UCC FINANCII FOLLOW INSTRUCTIO		ENT ADDENDUM					
9. NAME OF FIRST DE	BTOR (1a or 1b) Ol	N RELATED FINANCING STATE	MENT				
9a. ORGANIZATION	S NAME]			
OR 9b. INDIVIDUAL'S LA	ST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
Court		James					
10. MISCELLANEOUS:				1			
				THE ABOVE S	PACE IS F	OR FILING OFFICE U	SE ONLY
11. ADDITIONAL DEB		L LEGAL NAME - insert only <u>one</u> nar	ne (11a or 11b) - do not abbrevi				
OR 11b. INDIVIDUAL'S L	ACT MASSE		FIRST NAME		Taine	A115	Laure
Court	AST NAME		Linda		MIDDLE N	AME	SUFFIX
11c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
7308 Reeder R		T	Klamath Falls		OR	97603	
11d. SEE INSTRUCTION	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORG	SANIZATION	11g. ORG/	ANIZATIONAL ID#, if any	NONE
12. ADDITIONAL S	ECURED PARTY	'S or ASSIGNOR S/P'S	NAME - insert only <u>one</u> name (12a or 12b)			
	.0.2						
OR 12b. INDIVIDUAL'S L	AST NAME		FIRST NAME		MIDDLE N	AME	SUFFIX
12c. MAILING ADDRESS	**************************************	· · · · · · · · · · · · · · · · · · ·	CITY		STATE	POSTAL CODE	COUNTRY
13. This FINANCING STA	TEMENT covers tir	nber to be cut or as-extracted	16. Additional collateral descri	iption:	<u>į </u>		
collateral, or is filed as	a fixture filing.	•					
14. Description of real est							
		4 of the SE1/4 of Section East of the Willamette					
Meridian, Klamath	County, Orego	n & being more					
		Beginning at an iron pipe		***			
which is 1605.05 f		wiship 39 South, Range					
10 East of the Will	amette Meridiar	a & running thence West					
		eet; thence East 208.71					
		e point of beginning, South 30 feet used for					
county road purpos		101					
		above-described real estate					
(if Debtor does not have							
			17. Check <u>only</u> if applicable a	and check <u>only</u> one box			
			Debtor is a Trust or T	•		ty held in trust or Dece	dent's Estate
			18. Check only if applicable a				
			Debtor is a TRANSMITTI			di 20	