2012-004803 Klamath County, Oregon



2.00

UCC FINANCING STATEMENT		05	/08/2012 09:55	:16 AM	Fee; \$4
FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]		i			
Lynetta 541-471-8662					
B. SEND ACKNOWLEDGMENT TO: (Name and Address)					
SOFCU					
Attn: Lynetta				- 1	
P.O. Box 1358					
Grants Pass OR 97528					
- Cranto 1 and Care 7 to 20				A 7	l.
L			. //		N
5557550				R FILING OFFICE US	E ONLY
DEBTOR'S EXACT FULL LEGAL NAME – insert only one debtor name (As ORGANIZATION'S NAME	1a or 1b) - do not abb	eviate or combine names			
Ta. ORGANIZATIONS NAME			-	6 //	
OR 1b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE N	AME	SUFFIX
Castaneda	Pablo		- T		
1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
5648 American Ave	Klamath I	alls	OR	97603	US
1d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR	1f. JURISDICTION	OF ORGANIZATION	1g. ORGAN	NIZATIONAL ID #, if any	NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only on	a dobtor name (2s of	(h) - do not abbreviate or	combine names		
2a. ORGANIZATION'S NAME	e debtor flame (2a or	co) - 00 flot abbleviate ci	COMDITION HAIries	-	
		T			
OR 2b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE N	AME	SUFFIX
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
2d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR	1 2f. JURISDICTION	OF ORGANIZATION	2g. ORGAN	NIZATIONAL ID#, if any	NONE
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE OF ASSIGN	NOR S/P) - insert only	one secured party name	(3a or 3b)	, ,	
3a. ORGANIZATION'S NAME	1'4 T T '		. T. N		
SOFCU an Affiliate of First Community C	redit Union	_	I MIDDLE N	45	SUFFIX
30. NUIVIDUALS DAST NAME			<i>]</i>	₽	
3c. MAILING ADDRESS P.O. Box 1358	Grants Pa	ee T	OR	97528	US
r.O. Box 1338	Giants I a	33	OR	71320	103
4. This FINANCING STATEMENT covers the following collateral: TRANE XRS HEAT PUMP SYSTEM					
5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR C	ONSIGNEE/CONSIGNOF	BAILEE/BAILOR	SELLER/BUYE	ER AG. LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is to be filed [for record] (or recorded) is	n the REAL ESTATE	RECORDS.	7. See Instruction	Debtor(s)	
Attach Addendum [If applicable]					
8. OPTIONAL FILER REFERENCE DATA					

	CC FINANCING		ENT ADDENDUN	1				
		OR (1a or 1b) ON	NRELATED FINANCING STA					
OR	96. INDIVIDUAL'S LAST Castaneda	NAME	FIRST NAME Pablo	MIDDLE NAME, SUFF	ix .			
10. (MISCELLANEOUS:				True A	POVE SDACE OF		USE OWY
11.			LEGAL NAME - insert only one	g name (11a or 11b) - do not al			OR FILING OFFICE	USE ONLY
	11a. ORGANIZATION'S I	NAME				1		
OR	11b. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLEN	IAME	SUFFIX
11c.	MAILING ADDRESS		- 4	CITY	· **	STATE	POSTAL CODE	COUNTRY
11d.	SEE INSTRUCTION	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF	ORGANIZATION	11g. ORG	ANIZATIONAL ID#, if any	NONE
12.	ADDITIONAL SEC	URED PARTY	'S or ASSIGNOR S/F	o'S NAME - insert only one n	ame (12a or 12b)			
08				<i>M</i> .		- 9	_ / _	
OR	12b. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE N	IÄME	SUFFIX
12c.	MAILING ADDRESS			CITY	4	STATE	POSTAL CODE	COUNTRY
14. LO AN TH CL	collateral, or is filed as a least percentage of the collateral or is filed as a least percentage or is filed as a least percentage of the collateral or is filed as a least percentage of the collateral or is filed as a least p	A fixture filing. 2 OF TRACT CORDING TO IN THE OFFITH COUNT	nber to be cut or as-extracted NO.1096, THE OFFICIAL PLAFICE OF THE COUNT Y, OREGON. (PLAT	T	description:	X		
15.	Name and address of a R (if Debtor does not have a		above-described real estate	17. Check only if applic Debtor is aTrust or 18. Check only if applicDebtor is a TRANSFiled in connection	Trustee acting able and check only MITTING UTILITY	with respect to proper		cedent's Estate