2012-009592 Klamath County, Oregon

	05020020	

UCC FINANCING STATEMENT				08/30/2012 09:45:30 AM			Fee: \$47.00	
FOLLOW INSTRUCTION								
A, NAME & PHONE OF C Corporation Service		R (optional) 800-858-5294	I					
B. SEND ACKNOWLED								
68989267 - 34	48910							
Corporation	n Service Con	mnany	1					
•	Stevenson Dri	· · · · · ·						
Springfield		VC						
Springileid	, IE 02700							
		Filed In: Orego	n Klamath	THE ABOVE SPACE	CÉ IS FO	R FILING OFFICE USE	ONLY	
1. DEBTOR'S EXACTE	ULL LEGAL NAME-	insert only one debtor name (1a or 1b)-	do not abbreviate or combi					
		nily Limited Partnership						
OR 15. INDIVIDUAL'S LAST	OR 15 INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX	
1c. MAILING ADDRESS 1	7817 Chevne	Road	CITY	11.00	STATE	POSTAL CODE	COUNTRY	
•	,		Klamath		OR	97603		
1d. SEE INSTRUCTIONS	ADD'L INFO RE	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF C	RGANIZATION	1g. ORG	ANIZATIONAL ID #, if any		
	ORGANIZATION DEBTOR	Co-Lessee	OREGON			NONE		
2. ADDITIONAL DEBTO	R'S EXACT FULL	LEGAL NAME - insert only one de	otor name (2a or 2b) - do	not abbreviate or combine na	ames			
2a. ORGANIZATION'S N	NAME							
OR 25. INDIVIDUAL'S LAST	Thinks		FIRST NAME		MIDDLE	NAME	SUFFIX	
26. INDIVIDUAL'S LAST	INAME		FIRST NAME		INILOGEE.			
2¢, MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY	
20, MACING ADDITECT								
2d. SEE INSTRUCTIONS	ADD'L INFO RE	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF C	RGANIZATION	2g. ORG.	ANIZATIONAL ID #, if any		
· · · · ·	ORGANIZATION DEBTOR	! !	1			NONE		
3 SECURED PARTYS		TOTAL ASSIGNEE of ASSIGNOR S/P)	- insert only one secured p	arty name (3a or 3b)				
		REDIT LEASING SER						
00								
OR 36. INDIVIDUAL'S LAST	TNAME		FIRST NAME		MIDDLE	NAME	SUFFIX	
					CTATE	POSTAL CODE	COUNTRY	
3c. MAILING ADDRESS 6	00 HWY 169	S, SUITE #300	MINNEAPOLIS		MN	55426	COBNIKI	
4. This FINANCING STATEM	MENT covers the follow	ring collateral:	· · · · · · · · · · · · · · · · · · ·					
center air plenum spl all metal swinging do ten (10) 3a x6a 8a fan 54" 25HP 1150 Fi linkage, two (2) actua actuator 36" IVI w/sw switch, two (2) T-Doo starter SAG 12 3PH, control panel, two (2) Bracket, one (1) heat package 100 SQ FT The above described	lit into two zones, or with swinging a G90 galvanized RPM 3 Phase 6-9 ator 36" IVI switch itch, two (2) T-Dor flashing, two (2 four (4) exhaust backup ups for a teraft condenser in POT, two (2) med personal proper a ATION [if applicable]: [VIEMENT is to be filled Alfach Addendum	[for record] (or recorded) in the REAL [if applica	cal and storage cor x3a x14a all mer access door, two (230V V1000-YASK to (2) T-DR Comp 5 COMP 79"x72" W/O unit, two (2) Humidic 13.5cm, two hundre tor, solar shield w/S toil 100 SQ FT, two (1) ler 1 CMPR 3-4 ST terms of that certain	ntrol room, galvanized all swinging door with (2) air bypass door, air, two (2) T-DR Comp (8.5"x24" WO/HT, two HT, two (2) kit, directed 16'wx12'h 18" ME (10 thirty-two (232) light (2) refrigeration coil die G	d fan hou swingin ir system 58.5"x2- 92) kit of connection in the system to block five, install rain pansated 07/	use framing, two (2) 1 g bulkhead doors an n and composite slide 4" W/HT, two (2) kit d directed-connect links tt, linkage, two (2) Ac ur (4) Humidifier M-30 or exhaust louvers, tv I F/Panel, two (2) RH s, two (2) refrigeration 12/2012 between Les	d walk doors, e gates, four (4) lirected-connect age, two (2) tuator 36" IVI w/ IVI 3PH, four (4) wo (2) centurion Sensor duct w/ n install	
	001-	QQ02100 000					68989267	

NAME OF FIRST DEBTOR (1a d	or 1b) ON RELATED FINANCING STA	ATEMENT	_]				
9a. ORGANIZATION'S NAME Chi	n Family Limited Partnersh	ip, a Limited					
R Partner	,						
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFI	×				
NEGEL ANEGUE			-				
.MISCELLANEOUS:			1				
			1				
			<u> </u>		S FOR FILING OFFI	CE USE ONL	<u>-Y</u>
1. ADDITIONAL DEBTOR'S EXACT 11a, ORGANIZATION'S NAME	OT FULL LEGAL NAME - insert only one	name (11a or 11b) - do not abbre	eviate or combine nar	nes			
TTA. ORGANIZATION STVAME							
R 11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX	<u> </u>
c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNT	RY
d. <u>SEEINSTRUCTIONS</u> ADD'L INI ORGANIZ	FO RE 11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORG.	ANIZATION	11g. OR0	SANIZATIONAL ID#, if a	пу	
DEBTOR				.1			NO
ADDITIONAL SECURED P	ARTY'S or ASSIGNOR S/P'S	NAME - insert only one nam	ie (12a or 12b)				
12a. ORGANIZATION'S NAME							
R		LEIDOTHANE		MIDDLE	NA ME	SUFFIX	
126, INDIVIDUAL'S LAST NAME		FIRST NAME		WIIDDEE	NAME	SUFFIX	
d. MAILING ADDRESS		GITY		STATE	POSTAL CODE	COUNT	RY
3. This FINANCING STATEMENT covers	s timber to be cut or as-extracted	16. Additional collateral desc	cription:		<u> </u>		
collateral, or is filed as a 🛪 fixture f	īling.						
Description of real estate:							
Real property in the City of Klan	nath Falls, County of Klamath,						
State of Oregon, described as ollows:							
The S 1/2 of the N 1/2 and the I	NE 1/4 of the NE 1/4 in Section						
29, Township 40 South, Range							
	pt those portions of the NE 1/4 NE	=					
1/4 lying North and East of The within Chin Road, lying within th	Dalles-California Highway, lying						
	ithin the Southern Pacific Railroad	d					
right of way.		-					
-							
Name and address of a RECORD OV (if Debtor does not have a record inter							
•	rest): s Diane Chin, Trustees of the Chir	,					
	Diane Cini, Hustees of the Cili	. [
		17. Check only if applicable				٦,	
		Debtor is a Trust or	Trustee acting with	respect to p	roperty held in trust or	Decedent's	: Est
		Debtor is a Trust or 18. Check only if applicable	Trustee acting with and check only one b	respect to p	roperty held in trust or	Decedent's	: Est
Family Living Trust dated April		Debtor is a Trust or	Trustee acting with and check <u>only</u> one b	respect to p	<u> </u>	Decedent's	s Est

	C FINANCING			i				
	LOW INSTRUCTIONS) CAREFULLY ON RELATED FINANCING STA	TEMENT				
٥.١			mily Limited Partnershi					
OR	l D 1.		,	F, -: -:				
OR	9b. INDIVIDUAL'S LAST N	AME	FIRST NAME	MIDDLE NAME, SUFFIX				
10.	MISCELLANEOUS:							
					THE ADOVE	SDACE I	IÉ FOR EIL INC OFFICE I	JOS ONI V
44	ADDITIONAL DEBTOS	NC EVACE EU	L LEGAL MANE	and and a set in			S FOR FILING OFFICE I	JSE ONLY
11.	11a. ORGANIZATION'S NA		L LEGAL NAME - insert only one r	ame (11a or 11b) - do not abbrevia	te or combine name	25		
OR	11b. INDIVIDUAL'S LAST N	IAME		FIRST NAME		MIDDLE NAME		SUFFIX
116	MAILING ADDRESS			СПҮ		STATE	POSTAL CODÉ	COUNTRY
11d.	SEEINSTRUCTIONS	ADD'L INFO RE	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANI	ZÁTION	11g, ORG	SANIZATIONAL ID #, if any	
		ORGANIZATION DEBTOR	1	1		1		NONE
12,			'S or ASSIGNOR S/P'S	NAME - insert only one name (1	2a or 12b)	•		
	12a. ORGANIZATION'S NA	ME						
OR				TIPOTALLE.		Luppie		louren
	12b, INDIVIDUAL'S LAST N	IAME		FIRST NAME		MIDDLE !	NAME	SUFFIX
12c.	MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
13.	This FINANCING STATEMI	NT covers tin	mber to be cut or as-extracted	16. Additional collateral descript	ion:			
	collateral, or is filed as a Description of real estate:	fixture filing.	_					
	PN: R99624 and R-40	10-02900-003	100-000					
,	TI. TOOOL TUILOTT	10 02000 000						
15.	Name and address of a RE (if Debtor does not have a r		above-described real estate					
15.			above-described real estate					
15.			above-described real estate	17. Check only if applicable and	check only one hou			
15.			above-described real estate	17. Check only if applicable and	 -		roperty held in trust or □ □	ecedent's Estate
15.			above-described real estate	17. Check only if applicable and Debtor is a Trust or Tru 18. Check only if applicable and	istee acting with re	spect to pr	operty held in trust or □ D	ecedent's Estate
15.			above-described real estate	Debtor is a Trust or Tru	ustee acting with re check <u>only</u> one box	spect to pr	operty held in trust or D	ecedent's Estate
15.			above-described real estate	Debtor is a Trust or Trust 18. Check only if applicable and	istee acting with re check <u>only</u> one box UTILITY	spect to pr		ecedent's Estate