•	,	MTC85631

## 2012-010653 Klamath County, Oregon

00124835201200106530020026	

ICC FINANCING STATEMENT	<b></b>	00124835201200106530020026				
OLLOW INSTRUCTIONS (front and back) CAREFULLY		09/26/2012 03:07:25 PM				
A. NAME & PHONE OF CONTACT AT FILER [optional]				· <del></del>		
SEND ACKNOWLEDGMENT TO: (Name and Address)	<del></del>			27		
Pacific Crest Federal Credit Union P O Box 1179 Klamath Falls, OR 97601				<b>7</b> )!		
<u> </u>		SPACE IS FO	OR FILING OFFICE U	SE ONLY		
DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a 1a. ORGANIZATION'S NAME	or 1b) - do not abbreviate or combine names					
Bullet Properties, LLC						
Tb. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX		
L : MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY		
5900 S. 6th Street	Klamath Falls	OR	97603	USA		
	1f. JURISDICTION OF ORGANIZATION	16.000	ANIZATIONAL ID #, if any	J		
ORGANIZATION LLC	OR	2789	108-96			
ORGANIZATION LLC	OR	2789				
ORGANIZATION LLC ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one 2a. ORGANIZATION'S NAME	OR  debtor name (2a or 2b) - do not abbreviate or comb	2789	08-96			
ORGANIZATION LLC ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one 2a. ORGANIZATION'S NAME	OR	2789	08-96			
ORGANIZATION LLC DEBTOR LLC ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one to the control of the c	OR  debtor name (2a or 2b) - do not abbreviate or comb	2789	08-96	<u></u>		
ORGANIZATION LLC  ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one  2a. ORGANIZATION'S NAME  2b. INDIVIDUAL'S LAST NAME  3. MAILING ADDRESS  4. SEE INSTRUCTIONS ADD'L INFO RE 2e. TYPE OF ORGANIZATION	OR  debtor name (2a or 2b) - do not abbreviate or comb	MIDDLE STATE	NAME	SUFFIX		
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one and an analysis of the series of the ser	debtor name (2a or 2b) - do not abbreviate or comb FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION	MIDDLE STATE 2g. ORG	NAME POSTAL CODE	SUFFIX		
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one and a line of total assignee of assignor as organization's name.  ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one and a line of total assignee of assignor as organization or and a line of total assignee of assignor as organization's name.	debtor name (2a or 2b) - do not abbreviate or comb FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION	MIDDLE STATE 2g. ORG	NAME POSTAL CODE	SUFFIX		
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one and an additional part of the series of	debtor name (2a or 2b) - do not abbreviate or comb FIRST NAME CITY 2f. JURISDICTION OF ORGANIZATION	MIDDLE STATE 2g. ORG	NAME  POSTAL CODE  ANIZATIONAL ID #, if any	SUFFIX		

	SIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is to be filed [ ESTATE RECORDS. Attach Addendum	AL 7. Check to REQUICABLE [ADDITIONAL	JEST SEARCH REPOR FEE]	T(S) on Debtor(s) [optional]	All Debtors	Debtor 1 Debtor 2
8, OPTIONAL FILER REFERÊNÇE DATA	 	-			

Harland Financial Solutions 400 S.W. 6th Avenue, Portland, Oregon 97204

FILING OFFICE COPY = UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/22/02)

JCC FINANCI		ENTADDENDUM	7					
9. NAME OF FIRST [	DEBTOR (1a or 1b) (	ON RELATED FINANCING ST	ATĘ	MENT	†			
9a. ORGANIZATION					1			
Builet Prop	·	FIRST NAME						
JOE HADIVIDUAL OF	NOT HAVE	FIRST NAME		MIDDLE NAME, SUFFIX	1			
). MISCELLANEOUS					1			
					İ			
					THE ABOVE			
I. ADDITIONAL DEE	TOR'S EXACT FULI	LEGAL NAME - insert only one	nam	e (11a or 11b) - do not abbre	IHE ABOVE	SPACE	IS FOR FILING OFF	ICE USE ONLY
11a. ORGANIZATION	'S NAME			= (174 of 17b) - do not abble	viate of Combine fiam		<del></del>	
R 11b. INDIVIDUAL'S L	AOT NAME							
TIB. INDIVIDUALS L	ASI NAME		F	IRST NAME		MIDDLE	NAME	SUFFIX
. MAILING ADDRESS		· · · · · · · · · · · · · · · · · · ·	lc	ITY	<del></del> -,	STATE	POSTAL CODE	
			-			Jan E	POSTALCODE	COUNTRY
d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION	11e. TYPE OF ORGANIZATION	11	If. JURISDICTION OF ORGA	NIZATION	11g. OR	 GANIZATIONAL ID #, if a	any
III ionizioni, i	DEBTOR		ļ			<u></u>		
ADDITIONAL S	SECURED PARTY'S	S or ASSIGNOR S/P'S	S N	AME - insert only one name	(12a or 12b)			
	· · · · · ·							
12b. INDIVIDUAL'S L	AST NAME		FII	RST NAME		MIDDLE	NAME	SUFFIX
MAHUNGARRES	**		L					- [
: MAILING ADDRESS			CI	TY		STATE	POSTAL CODE	COUNTRY
This FINANCING STAT	fixture filing.	er to be cut or as-extracted	16	. Additional collateral descrip	otion:			
Description of real esta-	e:							
he goods are treet address:		ome fixtures on						
	et, Klamath Fa	ils. OR 97603	ĺ					
		95 in a portion of						
ots 9 and 10	in Block 1	of HOMELAND						
RACTS, situa	ited in the N	W1/4 SW1/4 of						
ection 1, Tow	nship 39 Sout	h, Range 9 East						
regon.	ue Meridian, r	Clamath County,	ĺ					
			ļ					
Name and address of a	DECORD OWNER of an	ve-described real estate (if						
Debtor does not have a	record interest):	ve-described real estate (if						
			1					
			17.	Check only if applicable and	check only one box	_		
			Det	otorisa Trust or Tr	ustee acting with resp		perty held in trust or	Decedent's Estate
			18.	Check only if applicable and	check only one box.			<u> </u>
				Debtor is a TRANSMITTING				
			ŀП	Filed in connection with a Ma				
				Filed in connection with a Pu	blic-Finance Transac	tion		