MC	9676	07

						2013-004086 Klamath County, Orego 04/17/2013 02:52:53 PM Fee: \$42.00		
	CC FINANCING LOW INSTRUCTIONS							
Α.	NAME & PHONE OF	CONTACT AT FIL						
_	teve Van Buren 54 SEND ACKNOWLEDO		on and Address)					
- . ,	CLIED AGRICUMEED	SINE 11 10. (14am	e and Address)	_				
	l Pacific C	rest Federal	Credit Union	4				
	P O Box	1179						
	Klamath	Falls, OR 97	'601					
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. Ę	DEBTOR'S EXACT F	ULL LEGAL NAMI	E - insert only one debtor name (1a	or 1b) - do not abbreviate or combine		OKTIENO OTTIOE O	OL ONE!	
	1a. ORGANIZATION'S N	IAME				· -		
R	Lindon Real E		ments, LLC					
	IB. INDIVIDUALS LAST	NAME		FIRST NAME	MIDDLI	ENAME	SUFFIX	
c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY			
3245 Homedale Road		Klamath Falls	OR	97603	USA			
d. <u>s</u>	ADD'L INFO RE 10. TYPE OF ORGANIZATION ORGANIZATION DEBTOR LLC		1f. JURISDICTION OF ORGANIZ	1.9. 5	1g. ORGANIZATIONAL ID #, if any 647702-91			
. A	ADDITIONAL DEBTO	R'S EXACT FULL	LEGAL NAME - insert only one of	debtor name (2a or 2b) - do not abbre	viate or combine names		NONI	
	rza. ORGANIZATIONS N	AME						
R	2b. INDIVIDUAL'S LAST	NAME		FIRST NAME	MIDDLE	NAME	SUFFIX	
١	1						00.7.17	
- 1	MAIL ING ADDDEGG				1			
:. N	MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY	
		Lappy wiso pr						
	SEE INSTRUCTIONS	ORGANIZATION	Ze. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZ		POSTAL CODE GANIZATIONAL ID #, if any		
d. <u>S</u>	SEE INSTRUCTIONS	ORGANIZATION DEBTOR	<u> </u>	2f. JURISDICTION OF ORGANIZ	ATION 2g. OR		<u> </u>	
d. <u>s</u>	SEE INSTRUCTIONS	ORGANIZATION DEBTOR NAME (or NAME or	<u> </u>		ATION 2g. OR		<u> </u>	
d. <u>\$</u>	SEE INSTRUCTIONS	ORGANIZATION DEBTOR NAME (or NAME or	L I TOTAL ASSIGNEE of ASSIGNOR	2f. JURISDICTION OF ORGANIZ	ATION 2g. OR		<u> </u>	
d. §	SEE INSTRUCTIONS SECURED PARTY'S 3a. ORGANIZATION'S N	ORGANIZATION DEBTOR NAME (or NAME of NAME of NAME) Federal Cred	L I TOTAL ASSIGNEE of ASSIGNOR	2f. JURISDICTION OF ORGANIZ	ATION 2g. OR	GANIZATIONAL ID#, if an	<u> </u>	
d. §	ECURED PARTY'S 3a. ORGANIZATION'S N Pacific Crest 3b. INDIVIDUAL'S LAST	ORGANIZATION DEBTOR NAME (or NAME of NAME of NAME) Federal Cred	L I TOTAL ASSIGNEE of ASSIGNOR	2f. JURISDICTION OF ORGANIZ S/P) - insert only one secured party r	ATION 2g. ORO	GANIZATIONAL ID#, if an	/ 	
DR	SEE INSTRUCTIONS SECURED PARTY'S 3a. ORGANIZATION'S N Pacific Crest	ORGANIZATION DEBTOR NAME (or NAME of NAME of NAME) Federal Cred	L I TOTAL ASSIGNEE of ASSIGNOR	2f. JURISDICTION OF ORGANIZ S/P) - insert only one secured party r	ATION 2g. ORO	GANIZATIONAL ID#, if an	NONE	

6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL [7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [ADD/ITIONAL FEE] [ontional]		CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
8. OPTIONAL FILER REFERENCE DATA	fior record (or recorded	7 Check to REC [if applicable] [ADDITIONAL		RT(S) on Debtor(s) [optional]	All Debtors	Debtor 1 Debtor 2

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UCC FINANC FOLLOW INSTRUCT	ING STATEN	MENTADDENDUN CAREFULLY	Л					
9. NAME OF FIRST	DEBTOR (1a or 1b)	ON RELATED FINANCING ST	ATEMENT		1			
9a. ORGANIZATIO		atmosts IIIO			1			
9b. INDIVIDUAL'S I	al Estate Inves	FIRST NAME			_			
os. morrisoaeg	JAST NAME	FIRST NAME	MIDDLE N	AME, SUFFI	X			
10. MISCELLANEOU	S:			·	4			
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					THE A POW	ECDACE	10 COD EU INO OFF	
1. ADDITIONAL DE	BTOR'S EXACT FU	LL LEGAL NAME - insert only one	name (11a or 11b)	do not abbre	viate or combine na	E SPACE	IS FOR FILING OFF	CE USE ONLY
11a. ORGANIZATIO	N'S NAME		(do not appro	STIGLE OF COMBINE HA	iles		
R								
11b. INDIVIDUAL'S I	LAST NAME		FIRST NAME			MIDDLE NAME		SUFFIX
1c. MAILING ADDRESS			CITY			<u> </u>		
			CITY			STATE	POSTAL CODE	COUNTRY
1d. SEE INSTRUCTION		11e. TYPE OF ORGANIZATION	11f. JURISDICTI	ON OF ORG	ANIZATION	11a OR	GANIZATIONAL ID#, if a	DV.
	ORGANIZATION DEBTOR	L	1			ıg. ok	O 1112-11014-110 #, 11 a	
2. ADDITIONAL	SECURED PARTY	('S or ASSIGNOR S/P'	S NAME - insert o	nly one name	e (12a or 12b)			NC
12a. ORGANIZATIO	N'S NAME			<u>,</u>				
R 12b. INDIVIDUAL'S L	AOTNIANE	· · · · · · · · · · · · · · · · · · ·						
12b. INDIVIDUAL'S L	ASTNAME		FIRST NAME			MIDDLE	NAME	SUFFIX
c. MAILING ADDRESS	-		CITY					
			JOH 1			STATE	POSTAL CODE	COUNTRY
3. This FINANCING STA		nber to be cut or as-extracted	16. Additional co	lateral descri	ption:	Ц		
collateral, or is filed as	a X fixture filing.	Ц						
I. Description of real esta Street Addres		. 100 ·						
Klamath Falls,	SS: 15/5 C; OR 97601	alifornia Avenue,						
								
LOT 1, BIOCK	89, BUENA \	ISTA ADDITION,						
he office of	the County	thereof on file in Clerk, Klamath						
County, Orego	n.	Cierk, Mainain						
3, -3-			1					
	•							
-								
Name and address of a	RECORD OWNER of al	pove-described real estate (if						
Debtor does not have a	record interest):	,						
			17. Check only if a	pplicable and	i check only one box			
			Debtor is a Tru	st or Ti	rustee acting with res	pect to prop	erty held in trust or	Decedent's Estate
			18. Check only if a	pplicable and	check only one box			
			Debtor is a TR.					
					anufactured-Home T			
	Filed in connec	tion with a Pu	ublic-Finance Transa	ction				