UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

2013-013778 Klamath County, Oregon



12/17/2013 10:27:35 AM

| | | | | | | Fee: \$42.0(|
|--|---------------------------------|---|--|--|--|---|
| A. NAME & PHONE OF CONTACT AT FILER (opti Phone: (800) 331-3282 Fax: (818) 662-4 | | | | | | |
| B, E-MAIL CONTACT AT FILER (optional) | | | | | | |
| CLS-CTLS_Glendale_Customer_Service | e@wolterskluwer.com | | | | | |
| C. SEND ACKNOWLEDGMENT TO: (Name and A | ddress) 14060 - FARM | CREDIT | | | | |
| CT Lien Solutions P.O. Box 29071 | 41001 | 072 | | | | |
| Glendale, CA 91209-9071 | OROR | · I | | | | |
| Cloridate, Crit 17200 Cori | | E . | | | | |
| 1 | FIXTU | KE | | | | |
| File with: Klamath, C | OR | - | THE ABOVE SPA | CE IS F | OR FILING OFFICE U | SE ONLY |
| DEBTOR'S NAME: Provide only one Debtor name | | ame: do not omit, mo | | | | . |
| name will not fit in line 1b, leave all of item 1 blank, che | _ | | nformation in item 10 of the Fin | | | |
| 1a. ORGANIZATION'S NAME | L.J r | | | | | |
| , and the state of | | | | | | |
| | | FIRST PERSONAL NA | AME | Тарошо | NAL NAME(S)/INITIAL(S) | SUFFIX |
| AL INDERDUGACIO CUIDNIANE | | | | , · · · · · · · · · · · · · · · · · · · | | 00 |
| TD. INDIVIDUAL'S SURNAME | | | non- | l n | | - 1 |
| Masten | | Kenneth | | D | 1 | 0011117016 |
| Masten | | | | D | POSTAL CODE | COUNTRY |
| 1 | | Kenneth | | | POSTAL CODE 97623 | COUNTRY |
| Masten C. Makling address | e (2a or 2b) (use exact, full n | Kenneth CITY Bonanza | | STATE | 97623 | USA |
| Masten Mailing address 4550 Burgdorf Rd | | Kenneth CITY Bonanza ame; do not omit, mo | odify, or abbreviata any part of | STATE OR the Debto | 97623 's name); if any part of the | USA Individual Debte |
| Masten Mailing Address 4550 Burgdorf Rd DEBTOR'S NAME: Provide only one Debtor name | | Kenneth CITY Bonanza ame; do not omit, mo | odify, or abbreviata any part of | STATE OR the Debto | 97623 's name); if any part of the | USA Individual Debte |
| Masten Masten | | Kenneth CITY Bonanza ame; do not omit, mo | odify, or abbreviata any part of | STATE OR the Debto | 97623 's name); if any part of the | USA Individual Debte |
| Masten Masten Mailing Address 1550 Burgdorf Rd DEBTOR'S NAME: Provide only one Debtor namname will not fit in line 2b, leave all of item 2 blank, che | | Kenneth CITY Bonanza ame; do not omit, mo | odify, or abbreviata any part of nformation in item 10 of the Fin | STATE OR the Debtor | 97623 's name); if any part of the | USA Individual Debte |
| Masten Masten | | Kenneth CITY Bonanza ame; do not omit, mo | odify, or abbreviata any part of nformation in item 10 of the Fin | STATE OR the Debtor | 97623 r's name); if any part of the atement Addendum (Form | USA Individual Debto UCC1Ad) |
| Masten Masten Masten Masten Masten Marling address | | Kenneth CITY Bonanza ame; do not omit, mo | odify, or abbreviata any part of nformation in item 10 of the Fin | STATE OR the Debtor | 97623 r's name); if any part of the atement Addendum (Form | USA Individual Debto UCC1Ad) |
| Masten : MAILING ADDRESS 1550 Burgdorf Rd DEBTOR'S NAME: Provide only one Debtor name will not fit in line 2b, leave all of item 2 blank, che 2a. ORGANIZATION'S NAME 2b. INDIMIDUAL'S SURNAME | | Kenneth CITY Bonanza ame; do not omit, mo e Individual Debtor in | odify, or abbreviata any part of nformation in item 10 of the Fin | STATE OR the Debtor | 97623 r's name); if any part of the atement Addendum (Form | USA Individual Debto UCC1Ad) |
| Masten Masten Mailing Address 1550 Burgdorf Rd DEBTOR'S NAME: Provide only one Debtor name will not fit in line 2b, leave all of item 2 blank, che 2a. ORGANIZATION'S NAME 2b. INDIMOUAL'S SURNAME | eck here and provide th | Kenneth CITY Bonanza ame; do not omit, mo e Individual Debtor in | odify, or abbreviata any part of nformation in item 10 of the Fir AME | STATE OR the Debto anning State ADDITIO | 97623 r's name); if any part of the atement Addendum (Form NAL NAME(S)/INITIAL(S) POSTAL CODE | USA Individual Debto UCC1Ad) |
| Masten :: MAILING ADDRESS 1550 Burgdorf Rd DEBTOR'S NAME: Provide only one Debtor name will not fit in line 2b, leave all of item 2 blank, che 2a. ORGANIZATION'S NAME 2b. INDIMIDUAL'S SURNAME :: MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIG | eck here and provide th | Kenneth CITY Bonanza ame; do not omit, mo e Individual Debtor in | odify, or abbreviata any part of nformation in item 10 of the Fir AME | STATE OR the Debto anning State ADDITIO | 97623 r's name); if any part of the atement Addendum (Form NAL NAME(S)/INITIAL(S) POSTAL CODE | USA Individual Debto UCC1Ad) |
| Masten Masten Masten Masten Mailing address SECURED PARTY'S NAME (or NAME of ASSIC 3a. ORGANIZATION'S NAME | eck here and provide the | Kenneth CITY Bonanza ame; do not omit, mo e Individual Debtor in | odify, or abbreviata any part of nformation in item 10 of the Fir AME | STATE OR the Debto anning State ADDITIO | 97623 r's name); if any part of the atement Addendum (Form NAL NAME(S)/INITIAL(S) POSTAL CODE | USA Individual Debto UCC1Ad) |
| Masten Masten Masten Mailing address S50 Burgdorf Rd DEBTOR'S NAME: Provide only one Debtor name name will not fit in line 2b, leave all of item 2 blank, che 2a. ORGANIZATION'S NAME Zb. INDIMIDUAL'S SURNAME MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNAMIZATION'S NAME FARM CREDIT SERVICES OF AM | eck here and provide the | Kenneth CITY Bonanza ame; do not omit, more Individual Debtor in FIRST PERSONAL NA CITY RED PARTY): Provide | odify, or abbreviate any part of information in item 10 of the Fir AME | STATE OR the Debto mancing State ADDITIO | 97623 r's name); if any part of the atement Addendum (Form NAL NAME(S)/INITIAL(S) POSTAL CODE b) | USA Individual Debto UCC1Ad) SUFFIX COUNTRY |
| Masten Masten Mailing Address .550 Burgdorf Rd DEBTOR'S NAME: Provide only one Debtor name will not fit in line 2b, leave all of item 2 blank, che 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME . MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIG 3a. ORGANIZATION'S NAME FARM CREDIT SERVICES OF AM | eck here and provide the | Kenneth CITY Bonanza ame; do not omit, mo e Individual Debtor in | odify, or abbreviate any part of information in item 10 of the Fir AME | STATE OR the Debto mancing State ADDITIO | 97623 r's name); if any part of the atement Addendum (Form NAL NAME(S)/INITIAL(S) POSTAL CODE | USA Individual Debto UCC1Ad) |
| Masten Masten Masten Malling Address 1550 Burgdorf Rd DEBTOR'S NAME: Provide only one Debtor name will not fit in line 2b, leave all of item 2 blank, che 2a. ORGANIZATION'S NAME 2b. INDIMIDUAL'S SURNAME MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNAME) 3a. ORGANIZATION'S NAME FARM CREDIT SERVICES OF AM 3b. INDIVIDUAL'S SURNAME | eck here and provide the | Kenneth CITY Bonanza ame; do not omit, more Individual Debtor in FIRST PERSONAL NA CITY RED PARTY): Provide | odify, or abbreviate any part of information in item 10 of the Fir AME | STATE OR the Debto mancing State ADDITIO | 97623 r's name); if any part of the atement Addendum (Form NAL NAME(S)/INITIAL(S) POSTAL CODE b) | USA Individual Debto UCC1Ad) SUFFIX COUNTRY |
| Masten :: MaiLing Address 4550 Burgdorf Rd DEBTOR'S NAME: Provide only one Debtor name name will not fit in line 2b, leave all of item 2 blank, che 2a. ORGANIZATION'S NAME 2b. INDIMIDUAL'S SURNAME :: MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNAME) 3a. ORGANIZATION'S NAME FARM CREDIT SERVICES OF AM | eck here and provide the | Kenneth CITY Bonanza ame; do not omit, mo e Individual Debtor in FIRST PERSONAL NA CITY RED PARTY): Provide | odify, or abbreviate any part of information in item 10 of the Fir AME | STATE OR the Debtor cancing State ADDITION ADDIT | 97623 r's name); if any part of the atement Addendum (Form NAL NAME(S)INITIAL(S) POSTAL CODE b) | USA Individual Debto UCC1Ad) SUFFIX COUNTRY |

| 5. Check only if applicable and check | only one box: Collateral is held in a | Trust (see UCC1Ad, item 17 ar | id Instructions) | being administered by a Dec | edent's Personal Representative |
|---|---------------------------------------|-------------------------------|------------------|------------------------------|---------------------------------|
| 6a. Check only if applicable and chec | k <u>only</u> one box; | | | 6b. Check only if applicable | and check only one box: |
| Public-Finance Transaction | Manufactured-Home Transaction | on A Debtor is a Trans | mitting Utility | Agricultural Lien | Non-UCC Filing |
| 7. ALTERNATIVE DESIGNATION (if a | applicable): Lessee/Lessor | Consignee/Consignor | Seller/Buyer | r Bailee/Bailor | Licensee/Licensor |
| 8. OPTIONAL FILER REFERENCE D 41001072 | ATA: 267 | | | 152190477 | · . |

UCC FINANCING STATEMENT ADDENDUM

| FOLLOW INSTRUCTIONS | | | | | | |
|--|----------------------------------|-----------------------------|------------------------|--------------------------------|--------------------------|--------------------|
| 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Stateme | ent; if line 1b was left t | olank | | | | |
| because Individual Debtor name did not fit, check here | | | | | | |
| 9a. ORGANIZATION'S NAME | | | | | | |
| | | | | | | |
| | | | | | | |
| OR 9b. INDIVIDUAL'S SURNAME | | | | | | |
| Masten | | | | | | |
| FIRST PERSONAL NAME | | | | | | |
| Kenneth | | | | | | |
| ADDITIONAL NAME(SYINITIAL(S) | | SUFFIX | | | | |
| D | | | THE A | ABOVE SPACE | IS FOR FILING OFF | CE USE ONLY |
| 10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor r | name or Debtor name t | hat did not fit in | ine 1b or 2b | of the Financing S | latement (Form UCC1) (us | e exact, full name |
| do not ornit, modify, or abbreviate any part of the Debtor's name) and enter | | | | _ | | |
| 10a. ORGANIZATION'S NAME | | | | | | - |
| | | | | | | |
| 10b. INDIVIOUAL'S SURNAME | | • | | | | |
| | | | | | | |
| INDIVIDUAL'S FIRST PERSONAL NAME | | | | | | |
| | | | | | | |
| INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S) | | | | | | SUFFIX |
| | 1 | | | T | | |
| 10c. MAILING ADDRESS | CITY | | | STATE | POSTAL CODE | COUNTRY |
| 11b. INDIVIDUAL'S SURNAME 11c. MAILING ADDRESS | FIRST PERSO | | | STATE | NAL NAME(SYINITIAL(S) | SUFFIX |
| | | - | | l | Į. | |
| 4360 Hwy 39 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): | Klamath | Falls | | OR | 97603 | UŞA |
| | | | | | | |
| 13. This FINANCING STATEMENT is to be filed [for record] (or recorde | ed) in the 14. This FIN | ANCING STAT | EMENT: | | | |
| REAL ESTATE RECORDS (if applicable) | cove | ers timber to be | cut 🔲 cov | vers as-extracted | collateral 🔀 is filed as | a fixture filing |
| 15. Name and address of a RECORD OWNER of real estate described in i | item 16 16. Descripti | ion of real estat | e : | | | |
| (if Debtor does not have a record interest): Kenneth Dean & Connie S. Masten | Valley 50 | 00 Center Pi | vot 110363 | 377 | | |
| | Block Se Klamath Real Esta | ction 18, T39 County, OR | S, R11E T enneth De | ract SW1/4 SE an & Connie S | | |
| | | | | | | |
| | | | | | | |
| 17. MISCELLANEOUS: 41001072-OR-35 14060 - FARM CREDIT SERVICES | FARM CREDIT SERVI | CES OF | File with; Klan | nath, OR 267 | 152190477 | |