2014-000918 Klamath County, Oregon

00148025201400009180020022	

JCC FINANCING STATEMENT			02/03/2014 09:13:46 AM			Fee: \$47
OLLOW INSTRUCTIONS	i					
NAME & PHONE OF CONTACT AT FILER (optional) 1-800-858-5294					
Corporation Service Company B. E-MAIL CONTACT AT FILER (optional)	1-000-030-3294					
SPRFiling@cscinfo.com	 					
. SEND ACKNOWLEDGMENT TO: (Name a	nd Address)	[
83683293 - 375680						
Corporation Service Company						
801 Adlai Stevenson Drive	Filed	In Oronon				
Springfield, IL 62703	Fileu	In: Oregon (Klamath)				
<u></u>		(radinali)	THE ABOVE SPA	CE IS FO	R FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only one Debtor na		name; do not omit, modify	or abbreviate any part of	the Debto	's name); if any part of the In	dividual Debtor's
name will not fit in line 1b, leave all of item 1 blank,	check here and provide	the Individual Deptor Infon	nation in item 10 of the F	nancing St	atement Addendum (Form UC	
1a. ORGANIZATION'S NAME						
Th. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAM		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Haugsted		Vikí		ĺΕ		
. MAILING ADDRESS 1813 Pommel Ct		CITY		STATE	POSTAL CODE	COUNTRY
		La Pine		OR	97739	USA
MANUAL ADDRESS		CITY		STATE	POSTAL CODE	COLINTRY
MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
SECURED PARTY'S NAME (or NAME of AS	SSIGNEE of ASSIGNOR SECU	JRED PARTY): Provide or	ly one Secured Party nan	ne (3a or 3t	>)	
3a. ORGANIZATION'S NAME 1st Security				,	· · · · · · · · · · · · · · · · · · ·	
R 3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAM	<u> </u>	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
. MAILING ADDRESS P. O. Box 97000		0.774		STATE	Jacoby Cope	
MAILING ADDRESS P. C. BOY MAICH		CITY		UNIT	POSTAL CODE	COUNTRY
	he following collateral:	Lynnwood		WA	98046	COUNTRY
COLLATERAL: This financing statement covers I YORK HEAT PUMP & AIR HAND APN: R128588 LOT 4 IN BLOCK 9 OF WAGON OFFICAL PLAT THEROF ON FIL	DLER TRAIL ACREAGES	Lynnwood S NUMBER ONE		WA	98046 , ACCORDING TO	USA THE
COLLATERAL: This financing statement covers I YORK HEAT PUMP & AIR HAND APN: R128588 LOT 4 IN BLOCK 9 OF WAGON	TRAIL ACREAGES LE IN THE OFFICE	Lynnwood S NUMBER ONE	TY CLERK OF	WA DITION KLAMA	98046 , ACCORDING TO	USA THE EGON.

Consignee/Consignor

Seller/Buyer

Bailee/Bailor

83683293

Licensee/Licensor

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor

8. OPTIONAL FILER REFERENCE DATA: :5150701820 Haugsted

UCC FINANCING STATEMENT ADDENDUM

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statem	ent; if line 1b was left blank	7			
because Individual Debtor name did not fit, check here		_			
9a. ORGANIZATION'S NAME					
OR OF INDIVIDUAL'S SUBMANS		_			
В эь. INDIVIDUAL'S SURNAME Haugsted					
FIRST PERSONAL NAME					
Viki					
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
E				S FOR FILING OFFICE	
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor nai do not omit, modify, or abbreviate any part of the Debtor's name) and enter		fit in line 1b or 2b of the	Financing S	statement (Form UCC1) (use	exact, full nan
10a. ORGANIZATION'S NAME	inc making address in line for				
10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
: MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
T16. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	Ē	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
: MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
ADDITIONAL SPACE FOR ITEM 4 (Collateral):					
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ADDITIONAL SPACE FOR ITEM 4 (Collateral):					
	the 14. This FINANCING ST.	ATEMENT:			
	n the 14. This FINANCING ST.		s-extracted	collateral [] is filed as a	fixture filling
This FINANCING STATEMENT is to be filed [for record] (or recorded) in REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described in item 19	COVERS INTIDER TO	be cut covers a	s-extracted (collateral [] is filed as a	fixture filling
. ☑ This FINANCING STATEMENT is to be filed [for record] (or recorded) in REAL ESTATE RECORDS (if applicable)	COVERS INTIDER TO	be cut covers a	s-extracted o	collateral [] is filed as a	fixture filing
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