UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 91613327 - 375680 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Oregon (Klamath) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here 🔲 and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1a. ORGANIZATION'S NAME OR 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX **PERKINS** WILLARD 1c. MAILING ADDRESS 28961 YONNA WOOD RD POSTAL CODE CITY STATE COUNTRY **BONANZA** OR 97623 USA 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here 🔲 and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 2c. MAILING ADDRESS STATE POSTAL CODE CITY COUNTRY 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME 1st Security Bank of Washington 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 3c. MAILING ADDRESS P. O. Box 97000 STATE POSTAL CODE COUNTRY Lynnwood WA 98046 USA 4. COLLATERAL: This financing statement covers the following collateral: 12 WINDOWS APN: R400373

LEGAL: TWP 37 RNGE 11, BLOCK SEC 32, TRACT E2NW4NW4, ACRES 5.00. SALE DATE 03/07/1994. RECORDED IN KLAMATH COUNTY, OREGON.

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)	being administered by a Decedent's Personal Representative
6a. Check only if applicable and check only one box:	6b. Check only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/But	yer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: :5150551030	01612227

2014-009916 Klamath County, Oregon

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Fee: \$47.00

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

because Individual Debtor name did not fit, check here									
SE. GROANIZATION O NAIME									
9b. INDIVIDUAL'S SURNAME PERKINS									
FIRST PERSONAL NAME WILLARD									
ADDITIONAL NAME(S)/INITIAL(S)		SUF	FIX						
DEDICATE A CONTRACTOR OF THE C							S FOR FILIN		
DEBTOR'S NAME: Provide (10a or 10b) only one add do not omit, modify, or abbreviate any part of the Debtor's				e 1b or	2b of the Fir	nancing S	tatement (Form	i UCC1) (use	exact, full
10a. ORGANIZATION'S NAME									
10b. INDIVIDUAL'S SURNAME									
INDIVIDUAL'S FIRST PERSONAL NAME									
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)									SUFFIX
MAILING ADDRESS		CITY				STATE	POSTAL COD	DE	COUN
ADDITIONAL SECURED PARTY'S NAME 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME	or ☐ ASSIGNO	OR SECURED		NAME			nme (11a or 11b		SUFFIX
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME	<u>or</u> ☐ ASSIGNO			NAME				INITIAL(S)	SUFFIX
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11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral):		FIRST PERSONA CITY 14. This FINANCI	L NAME	:NT:		ADDITIO STATE	NAL NAME(S)/I	INITIAL(S)	COUNT
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