

**2015-010114**  
**Klamath County, Oregon**  
**09/11/2015 03:15:59 PM**  
**Fee: \$47.00**

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
B. E-MAIL CONTACT AT FILER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address)
<div style="border: 1px solid black; padding: 5px;"> <b>Craft3</b>  <b>203 Howerton Way, SE</b>  <b>PO Box 826</b>  <b>Ilwaco, WA 98624</b> </div>

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
	<b>Kail</b>	<b>Josephine</b>	<b>B.</b>	
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
<b>935 Washburn Way</b>	<b>Klamath Falls</b>	<b>OR</b>	<b>97603-3652</b>	<b>USA</b>

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				
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	<b>Goldsby</b>	<b>Kristine</b>	<b>J.</b>	
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
<b>935 Washburn Way</b>	<b>Klamath Falls</b>	<b>OR</b>	<b>97603-3652</b>	<b>USA</b>

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				
<b>Craft3</b>				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
<b>203 Howerton Way, SE, PO Box 826</b>	<b>Ilwaco</b>	<b>WA</b>	<b>98624</b>	<b>USA</b>

4. COLLATERAL: This financing statement covers the following collateral:

**Energy efficiency upgrades at 935 Washburn Way, Klamath Falls, OR 97603-3652**  
**OLD ORCHARD MANOR, LOT 12**  
**APN: R444237.**

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:  
 Public-Finance Transaction  Manufactured-Home Transaction  A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:  
 Agricultural Lien  Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable):  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:  
**EP-17228**

# UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

9a. ORGANIZATION'S NAME	
OR	
9b. INDIVIDUAL'S SURNAME	
<b>Kail</b>	
FIRST PERSONAL NAME	
<b>Josephine</b>	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
<b>B.</b>	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME				
OR				
10b. INDIVIDUAL'S SURNAME				
<b>Kail</b>				
INDIVIDUAL'S FIRST PERSONAL NAME				
<b>Josephine</b>				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
<b>Viola</b>				
10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
<b>935 Washburn Way</b>	<b>Klamath Falls</b>	<b>OR</b>	<b>97603-3652</b>	

11.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME				
OR				
11b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATEMENT: <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input checked="" type="checkbox"/> is filed as a fixture filing
15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	16. Description of real estate: <b>A PARCEL OF LAND LOCATED IN THE STATE OF OREGON, COUNTY OF KLAMATH, WITH A SITUS ADDRESS OF 935 WASHBURN WAY, KLAMATH FALLS, OR 97603-3652 CURRENTLY OWNED BY KAIL JOSEPHINE B/GOLDSBY KRISTINE J HAVING A TAX ASSESSOR NUMBER OF R444237 AND BEING THE SAME PROPERTY MORE FULLY DESCRIBED AS OLD ORCHARD MANOR, LOT 12 AND DESCRIBED IN DOCUMENT NUMBER 9392 DATED 09/09/2014 AND RECORDED 09/09/2014.</b>
17. MISCELLANEOUS:	