

2015-013083

Klamath County, Oregon

12/03/2015 02:02:20 PM Fee: \$52.00

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) **Umpqua Bank** PO Box 1580 Roseburg, OR 97470 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 Ielmorini Revocable Living Trust dated August 14, 2014 1b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) FIRST PERSONAL NAME SUFFIX 1c. MAILING ADDRESS POSTAL CODE COUNTRY STATE P.O. Box 354 Bly OR 97622-0354 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 OR 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 2c. MAILING ADDRESS STATE POSTAL CODE 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 Umpqua Bank 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 3c. MAILING ADDRESS STATE POSTAL CODE COUNTRY C/O Loan Support Services, PO Box 1580 97470 Roseburg OR USA 4. COLLATERAL: This financing statement covers the following collateral: All Fixtures filing on Irrigation Equipment (pumps, motors, wheel lines), cattle panels, squeeze chute.; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing. 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: Non-UCC Filing Agricultural Lien Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Bailee/Bailor Licensee/Licensor Lessee/Lessor Consignee/Consignor Seller/Buyer 7. ALTERNATIVE DESIGNATION (if applicable): 8. OPTIONAL FILER REFERENCE DATA: 070055424

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	IAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; ecause Individual Debtor name did not fit, check here			
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EXHIBIT "A"

S1/2 NW1/4 NW1/4, Section 26, Township 37 South, Range 15 East, Willamette Meridian, Klamath County, Oregon and all of Section 27, Township 37 South, Range 15 East of the Willamette Meridian, Klamath County, Oregon according to the official plat thereof on file in the office of the County Clerk, Klamath County, Oregon.

