

2016-006750**Klamath County, Oregon****06/27/2016 02:23:41 PM****Fee: \$52.00****UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
Corporation Service Company 1-800-858-5294B. E-MAIL CONTACT AT FILER (optional)
SPRFiling@cscinfo.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

117964357 - 391080
Corporation Service Company
801 Adlai Stevenson Drive
Springfield, IL 62703Filed 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
MooreFIRST PERSONAL NAME
TimothyADDITIONAL NAME(S)/INITIAL(S)
R

SUFFIX

1c. MAILING ADDRESS 52403 Highway 62

CITY
Fort KlamathSTATE
ORPOSTAL CODE
97626-3419COUNTRY
USA2. 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
MooreFIRST PERSONAL NAME
TimothyADDITIONAL NAME(S)/INITIAL(S)
Robert

SUFFIX

2c. MAILING ADDRESS 52403 Highway 62

CITY
Fort KlamathSTATE
ORPOSTAL CODE
97626-3419COUNTRY
USA3. 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 Admirals Bank

OR
3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS 200 Clarendon Street, 22nd floor

CITY
BostonSTATE
MAPOSTAL CODE
02116COUNTRY
USA

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

24x36x14 Gable Style Building; 12'x36' right sidedshed; (1) 12x12 steel overhead door; (1) 3'x6'8" steel entry door; 36' Continuous Vented Ridge Collateral located at: 52403 Highway 62, Fort Klamath, OR 97626-3419

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 Representative6a. Check only if applicable and check only one box:☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility6b. Check only if applicable and check only one box:☐ Agricultural Lien ☐ Non-UCC Filing7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

117964357

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

Moore

FIRST PERSONAL NAME

Timothy

ADDITIONAL NAME(S)/INITIAL(S)

R

SUFFIX

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

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

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. ☒ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

☐ covers timber to be cut

☐ covers as-extracted collateral

☒ 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:

PARCEL ID# R75689

SEE ATTACHED FOR FULL LEGAL DESCRIPTION

17. MISCELLANEOUS:

DEBTOR NAME: MOORE, TIMOTHY

A PARCEL OF LAND LOCATED IN THE STATE OF OREGON, COUNTY OF KLAMATH, WITH A SITUS ADDRESS OF 52403 HIGHWAY 62, FORT KLAMATH, OR 97626-3419 CURRENTLY OWNED BY MOORE TIMOTHY R & SHERRY A HAVING A TAX ASSESSOR NUMBER OF R75689 AND BEING THE SAME PROPERTY MORE FULLY DESCRIBED AS FORT KLAMATH 1ST ADDITION, BLOCK 4, LOT 3 4 5 POR VAC CROSS ST ADJ AND DESCRIBED IN DOCUMENT NUMBER 7-9480 DATED 04/17/2007 AND RECORDED 05/25/2007.