2016-008505 Klamath County, Oregon

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS			Fee: \$4	16 01:24:00 PF 7.00	И
A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-85	58-5294				
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
119931744 - 382040	$\neg$		- 4.		
Corporation Service Company	1		- 1		
801 Adlai Stevenson Drive			٦,	h.	
Springfield, IL 62703	Filed In: Oregon			•	
	(Klamath)	THE ABOVE SPAC	E IS FOR FILING	OFFICE USE C	NLY
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (     name will not fit in line 1b, leave all of item 1 blank, check here	<u>-</u>		e Debtor's name); if	any part of the Inc	lividual Debtor's
1a. ORGANIZATION'S NAME Columbia Forest Prod	ucts, Inc.		V		
1b. INDIVIDUAL'S SURNAME	FIRST PERSONA	LNAME	ADDITIONAL NAME	(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 7900 Triad Center, Suite 20	0 CITY Greensbord		NC POSTAL O		COUNTRY
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (     name will not fit in line 2b, leave all of item 2 blank, check here		nodify, or abbreviate any part of the rinformation in item 10 of the Fina			
2a. ORGANIZATION'S NAME	7	. 7	_		
OR			1		
2b. INDIVIDUAL'S SURNAME	FIRST PERSONA	LNAME	ADDITIONAL NAME	(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY		STATE POSTAL	CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of AS: 3a. ORGANIZATION'S NAME TFG-West Virginia, L.	SIGNOR SECURED PARTY): Prov	ride only <u>one</u> Secured Party name	(3a or 3b)	7	
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONA	LNAME	ADDITIONAL NAME	(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 6995 Union Park Center, Su	ite 400 CITY Salt Lake C		UT 84047		COUNTRY
4. COLLATERAL: This financing statement covers the following col All equipment, machinery, goods, software	llateral:				
to Lease Schedule No. 005 to Master Leas	se Agreement No. TFC	S/CF 032514, between	n TFG-West	Virginia, L.F	o. and
Debtor, as amended, to the extent any may	y become affixed in ar	y manner to the real	property des	cribed here	in, whether
now or hereafter existing, and wherever no	w or hereafter located	l, together with all acc	essories, att	achments,	
accessions, parts, components, fixtures, re	•		•		-
thereof, and all related deliverables, intang	• • •	•	, · •	•	·
intellectual property, license, collateral and	-				
arising therefrom, all whether or not furnish proceeds, thereof.	ned by the Supplier the	ereof, and any and all	proceeds, in	cluding pro	ceeds of
This filing is made for informational purpos	es and not to suggest	Secured Party's inter	est is limited	to a securit	y interest
only. Debtor has no independent right or a	uthority to sell, sublea	se, transfer, assign, p	ledge, encur	nber or disp	ose of any
	held in a Trust (see UCC1Ad, item		dministered by a De		
6a. Check <u>only</u> if applicable and check <u>only</u> one box:			ck <u>only</u> if applicable	_	
Public-Finance Transaction Manufactured-Home T		Transmitting Utility	Agricultural Lien	Non-UCC F	_

119931744

8. OPTIONAL FILER REFERENCE DATA:

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 Columbia Forest Products, Inc. 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) 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 COUNTRY STATE POSTAL CODE ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME ADDITIONAL NAME(S)/INITIAL(S) 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME SUFFIX 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): of the foregoing or any interest therein. This filing is to be recorded in the real estate records of Klamath County, State of Oregon. 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14. This FINANCING STATEMENT: REAL ESTATE RECORDS (if applicable) covers as-extracted collateral is filed as a fixture filing covers timber to be cut 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest): A parcel of land located in the state of OR, county of Klamath, with a situs address of 4949 Highway 97 S, Klamath Falls OR 97603-9593 R005 currently owned by Columbia Plywood Corp & Klamath Plywood Div having a tax assessor number of R580491

07/29/2012.

17. MISCELLANEOUS:

and being the same property more fully described as TWP 39 RNGE 9, Block Sec 18, Tract Por SE4NE4, Inc PLA 16-11, Acres

18.19 and described in document number 12-8096 dated