2016-011093

Klamath County, Oregon 10/18/2016 02:40:01 PM

Fee: \$47.00

NAME A PRIOR OF CONTACT AT PIER (optional) lenie dilliams 44-774-7653					
NAME & PROMODERS TO CONTROL AT FILER (optional) senile dilliam 541-774-7653 EANIL CONTROL AT FILER (optional) enleg@peoplesbankofcommerce.com SEND ACKNOWLEDOMENT TO. (Ware and Address)  People's Bank of Commerce 1311 E. Barnett Road Medford, OR 97504  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY.  DEBTOR'S NAME. Provide only age Debter name (is or the 15-are and senior of the fire of the foother of the fire of					
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EMAIL CONTACT AT FILER (potonal)  People's Bank of Commerce 1311 E. Barnett Road Medford, OR 97504	A. NAME & PHONE OF CONTACT AT FILER (optional)				
People's Bank of Commerce 1311 E. Barnett Road Medford, OR 97504	Genie Gilliam 541-774-7663				
People's Bank of Commerce   1311 E. Barnett Road   Medford, OR 97504					
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY	E. SEND ACKNOWLEDGMENT TO: (Name and Address)				
DEBTOR'S NAME: Provide only one Debtor name (1s or 1b) (use exact, full name; do not one), modify, or extrevate any part of the Debtor's name), if any part of the Individual Debtor name with off in the 1b, leave all of ten 1 blenx, check here and provide the Individual Debtor information in them 10 of the Financing Salasment Addomation (Furn UCC1Ad).    Tax ORGANIZATIONS NAME	1311 E. Barnett Road				
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TO INDIVIDUAL'S SURNAME    FIRST PERSONAL NAME	name will not fit in line 1b, leave all of item 1 blank, check here	exact, full name; do not omit, modify, or abbrevia	te any part of the Debtor	's name); if any part of the li	ndividual Debtor's
Sullivan   Michael   E					
MALING ADDRESS   CITY   STATE   POSTAL CODE   97535   USA			3	NAL NAME(S)/INITIAL(S)	SUFFIX
Phoenix  Pho				POSTAL CODE	COUNTRY
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 name with 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  2c. DRIANIZATION'S NAME  2c. DRIANIZATION'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)  3c. ORGANIZATION'S NAME  2c. DRIANIZATION'S NAME  2c. DRIANIZATIO					1
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Phoenix  Posta USA  SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNEE OF ASSIGNEE PARTY). Provide only one Secured Party name (3a or 3b)  Suprise People's Bank of Commerce  Secured Party name (3a or 3b)  Suprise People's Bank of Commerce  Secured Party name (3a or 3b)  Suprise People's Bank of Commerce  Secured Party name (3a or 3b)  Suprise People's Bank of Commerce  Secured Party name (3a or 3b)  Suprise People's Bank of Commerce  Secured Party name (3a or 3b)  Suprise People's Bank of Commerce  Secured Party name (3a or 3b)  Suprise People's Bank of Commerce  Suprise People's Each Operation Operation People People's Each Operation People People's Each Operation People People People's Each Operation People	20. INDIVIDUAL S SURNAME		ì	NAL NAME(S)/INITIAL(S)	SUFFIX
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ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor	a. Check <u>only</u> if applicable and check <u>only</u> one box:		-		
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## UCC FINANCING STATEMENT ADDENDUM

because Individual Debtor name did not fit, check here	Financing Statement; if I						
9a. ORGANIZATION'S NAME							
3							
9b. INDIVIDUAL'S SURNAME  Sullivan			ŀ				
FIRST PERSONAL NAME		<del></del>		•			
Michael							
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX					
DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> ac	Iditional Debtor name or	Debtor name that did o			_	S FOR FILING OFFICE L	
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INDIVIDUAL'S FIRST PERSONAL NAME		···	•		-		_
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)							SUFFIX
c. MAILING ADDRESS		CITY		S	TATE	POSTAL CODE	COUNTR
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DITIONAL SECURED PARTY'S NAME  11a. ORGANIZATION'S NAME	or ASSIGNO	OR SECURED PA	RTY'S NA	ME: Provide only	one nar	ne (11a or 11b)	
TIA. ORGANIZATIONS NAME							
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