2017-011767

Klamath County, Oregon

10/16/2017 02:30:00 PM

Fee: \$47.00

LLOW INSTRUCTIONS				
NAME & PHONE OF CONTACT AT FILER (optional)				
E-MAIL CONTACT AT FILER (optional)				
SEND ACKNOWLEDGMENT TO: (Name and Address)				
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42 7th Street, Suite 100				
Astoria, OR 97103				
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AN INDIVIDUAL C CUIDNOME				
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
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MAILING ADDRESS	CITY	STATE	POSTAL CODE	
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5. Check only if applicable and check only one box. Collateral isheld in a Trust (see UCC1Ad, item 17 and Instructions)	being administered by a Decedent's Personal Representative
6a. Check <u>only</u> if applicable and check <u>only</u> one box:	6b. Check only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buye	er Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA: SP-19125	

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

Se ORGANIZATION'S NAME Best PRESCNAL NAME SATE ADDITIONAL NAME (SINET PAIGNAME INDICATED BY 100 pt 200 actions) and order the maling address in the 15th Interest of 20 of the Plastoring Sistemate (From UCCT) (see exact, bit see No. 100 in Indition of 100 in 100 pt 200 in pt 200 in 100 pt 200 in 100 pt 200 pt 200 in 100 pt 200 pt 200 in 100 pt 200 pt	 NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing St. because Individual Debtor name did not fit, check here 	atement; if line 1t	o was left blank				
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