

2017-014544

Klamath County, Oregon

12/22/2017 11:15:01 AM

Fee: \$47.00

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS					. *
A. NAME & PHONE OF CONTACT AT FILER [optional]	<del>- :</del>			•	
Rowena A. Chase (541) 883-6924 Ext. 3496					
B. E-MAIL CONTACT AT FILER [optional]					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
USDA/Farm Service Agency				- 1	
2316 s 6th Street	'				
Suite C					
		_	- #	- A	
Klamath Falls, OR 97601			- 6		,
<u> </u>			ام ما	(	
DEBTOR'S NAME – Provide only one Debtor name (1a or 1b) (use exact, fu	ıll name: do not omit ı			R FILING OFFICE USE	
		tor information in Item 10 of the Fi			
1a. ORGANIZATION'S NAME	49		4 4		
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIONA	L NAME(S)/INITIAL(S)	SUFFIX
BOWMAN	RAELYN		MARIE		
1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
29303 DEMIRRITT ROAD	MALIN		OR	97632	USA
2. DEBTOR'S NAME - Provide only one debtor name (2a or 2b) (use exact, full name will not fit in line 2b, leave all of item 1 blank, check here and provide name will not fit in line 2b, leave all of item 1 blank, check here	name; do not omit, m	odify or abbreviate any part of the stor information in item 10 of the F	Debtor's nam	ne); if any part of the individ	lual Debtor's
2a. ORGANIZATION'S NAME	vide the mulviddal Det	to mornation in ten 10 of the F	manung State	ement Addendum (Form OC	
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIONA	AL NAME(S)/INITIAL(S)	SUFFIX
BOWMAN	ROBERT	NAME	JAME		SUFFIX
2c. MAILING ADDRESS	СПУ		STATE	POSTAL CODE	COUNTRY
29303 DEMIRITT ROAD	MALIN		OR	97632	USA
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC		de only one Secured Party name	(3a or 3b)	7	<del></del>
3a. ORGANIZATION'S NAME					
UNITED STATES OF AMERICA acting th					
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	NAME	ADDITIONA	L NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
2316 S 6TH ST., SUITE C		H FALLS	OR	97601	USA
	TCE/ (IVI/ CT	TITLES	011	01001	00/1
4. COLLATERAL: This financing statement covers the following collateral:	T	//			
a) Pump; SN #BG6093038					
Wheelline, Wade Rain, 1/4 mile					
Mainline, wader, 1/4 mile					
b) Proceeds of collateral are also covered	•			•	
c) Disposition of such collateral is NOT he	reby autho	rized.			
	-				
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Charle and if and include and should also be an a	ust (see UCC1Ad, item	bei	ng administer	ed by a Decedent's Person	al Representative
6. Check only if applicable and check only one box:					
Public-Finance Transaction A Debtor is a Tra	nsmitting Utility				
7. ALTERNATIVE DESIGNATION [if applicable]: Lessee/Lessor	Consignee/Consignor	Seller/Buyer	Bailee/E	Bailor Lice	nsee/Licensor
8. OPTIONAL FILER REFERENCE DATA					

## **UCC FINANCING STATEMENT ADDENDUM**

**FOLLOW INSTRUCTIONS** 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 **BOWMAN** FIRST PERSONAL NAME RAELYN ADDITIONAL NAME(S)/INITIAL(S) SUFFIX MARIE 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 BOWMAN INDIVIDUAL'S FIRST PERSONAL NAME RAELYN INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX Μ 10c. MAILING ADDRESS POSTAL CODE COUNTRY 29303 DEMERRITT ROAD MALIN OR 97632 USA ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME of 11a. ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS POSTAL CODE CITY COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT: This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) covers timber to be cut covers as-extracted collateral Is filed as a fixture filing 15. Name and address of a RECORD OWNER of above-described real estate described in item 16 (if Debtor does not have a record interest): 16. Description of real estate: Lots three(3) and four (4) in Section eight (8), RAELYN MARIE BOWMAN Township Forty-One (41) South, Range Twelve (12) ROBERT JAMES BOWMAN East of the Willamette Meridian, Klamath County, 29303 DEMERRITT ROAD Oregon, LESS AND EXCEPTING the East 21 feet of MALIN, OR 97632 Lot 3, heretofore deed for roadway purposes. MISCELLANEOUS: