2018-002055

Klamath County, Oregon

02/22/2018 10:40:01 AM

E-MAIL CONTACT AT FILER (optional)				
SEND ACKNOWLEDGMENT TO: (Name and Addre	955)			
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42 7th Street, Suite 100				
Astoria, OR 97103	.			
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1b. INDIVIDUAL'S SURNAME Sealy MAILING ADDRESS 9833 Pelican Butte Road DEBTOR'S NAME: Provide only one Debtor name (2a or	Harold CITY Klamath Falls r 2b) (use exact, full name; do not omit, modify, or abbreviate	STATE OR	POSTAL CODE 97601 's name): if any part of the In-	COUNTR USA
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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/Buyu	er Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	
SP-19236	

UCC FINANCING STATEMENT ADDENDUM

11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only ggg name (11a or 11b) 11a. ORGANIZATION'S NAME STATE	FOLLOW INSTRUCTIONS				
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