A. NAME & PHONE OF CONTACT AT FILER (optional) B. E-MAIL CONTACT AT FILER (optional) C. SEND ACKNOWLEDGMENT TO: (Name and Address) Craft3 42 7th Street, Suite 100 Astoria, OR 97103 1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC 1a. ORGANIZATION'S NAME OR 1b. INDIVIDUAL'S SURNAME Fitzgerald Cindy Cindy City Lou 1c. MAILING ADDRESS 153671 Wagon Trail Road 2b. 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 information in item 10 of the Financing Statement Addendum (Form UCC 1a. ORGANIZATION'S NAME OR 1b. INDIVIDUAL'S SURNAME Fitzgerald Cindy City STATE OR OR 97739 2b. ENTON'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 information in item 10 of the Financing Statement Addendum (Form UCC 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) ADDITIONAL NAME(S)/INITIAL(S) ADDITIONAL NAME(S)/INITIAL(S) ADDITIONAL NAME(S)/INITIAL(S) ADDITIONAL NAME(S)/INITIAL(S)	SCONTACT AT FILER (optional) FILER (optional) Suite 100 7103 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor Information in item 10 of the Financing Statement Addendum (Form UCC1Ad) IAME FIRST PERSONAL NAME Cindy CITY CITY STATE OR 977739 FORMAL CODE COUNTRY OR OR FIRST PERSONAL NAME Cindy CITY GRIP OR STATE OR 977739 CITY STATE CINDY CITY	A. NAME & PHONE OF CONTACT AT FILER (optional) B. E-MAIL CONTACT AT FILER (optional) C. SEND ACKNOWLEDGMENT TO: (Name and Address) Craft3 42 7th Street, Suite 100 Astoria, OR 97103 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC rad) 1a. ORGANIZATION'S NAME PIRST PERSONAL NAME FIRST PERSONAL NAME FIRST PERSONAL 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 will not it in time to. Item 10 of the Financing Statement Addendum (Form UCC rad) 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME Cindy Circy STATE OR 97739 USA 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 will not it in time to. Item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC rad) 2a. ORGANIZATION'S NAME Page C. MALLING ADDRESS GITY STATE POSTAL CODE COUNTRY DATE FIRST PERSONAL NAME ADDITIONAL NAME(syliNITIAL(S) SUFFIX FIRST PERSONAL NAME ADDITIONAL NAME(syliNITIAL(S) SUFFIX FIRST PERSONAL NAME ADDITIONAL NAME(syliNITIAL(S) SUFFIX FIRST PERSONAL NAME Circy STATE POSTAL CODE COUNTRY DATE STATE POSTAL CODE COUNTRY	JCC FINANCING STATEMENT			Fee: \$47.00	
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Repair septic system at 153671 Wagon Trail Rd. La Pine, OR 97739

Parcel # R127561

Brief Legal: WAGON TRAIL ACREAGES #1, BLOCK 2, LOT 1, DETITLED MH, HID 194760

Township-Range-Sect: 23-9E-01 Census Tract / Block: 9701.00 / 2

Full Legal: See page 2.

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)	being administered by a Decedent's Personal Representative
6a. Check only if applicable and check only 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/Buy	rer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	
SP-20179	

2018-005489 Klamath County, Oregon

05/02/2018 02:43:00 PM

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS					
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if because Individual Debtor name did not fit, check here	line 1b was left blank				
9a. ORGANIZATION'S NAME					
OR -					
9b. INDIVIDUAL'S SURNAME					
Fitzgerald					
FIRST PERSONAL NAME					
Cindy ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
Lou	30111X	ADOV AD			
	Dahan anna shas did ans Gain			FOR FILING OFFICE	
 DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or do not omit, modify, or abbreviate any part of the Debtor's name) and enter the m 		i line 16 or 26 of the Finai	ncing Sta	tement (Form UCC1) (us	se exact, full name;
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	CITY	ST	TATE F	POSTAL CODE	COUNTRY
	OR SECURED PARTY	S NAME: Provide only	one name	e (11a or 11b)	
11a. ORGANIZATION'S NAME					
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	I A C	DITIONA	AL NAME(S)/INITIAL(S)	SUFFIX
	CITY	ST	TATE F	POSTAL CODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):					
· · ·					
13. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATE	MENT:			
	covers timber to be		acted col	lateral X is filed as	a fixture filing
15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	16. Description of real estate A PARCEL OF I		. ואו ט	THE STATE O	E OREGON
	COUNTY OF KL				
	WAGON TRAIL				
	OWNED BY FI				
	ASSESSOR NU				
	PROPERTY MO	RE FULLY DE	SCR	IBED AS WAG	GON TRAIL
	ACREAGES # 1	, BLOCK 2, LO	T 1, C	DETITLED MH,	HID 194760
	AND DESCRIB	ED IN DOCUM	MENT	NUMBER 59	
	06/03/2014 AND		6/05/2	014.	
	Parcel # R12756	1			
17. MISCELLANEOUS:	<u> </u>				