

2019-002548

Klamath County, Oregon

03/20/2019 11:40:01 AM

Fee: \$107.00

UCC FINANCING STATEMENT					
FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (op	otional)	1			
B. E-MAIL CONTACT AT FILER (optional)		-			
C. SEND ACKNOWLEDGMENT TO: (Name and	Address)	1			
Umpqua Bank PO Box 1580 Roseburg, OR 97470	٦				
	1				
DEBTOR'S NAME: Provide only <u>one</u> Debtor nam name will not fit in line 1b, leave all of item 1 blank, ch	e (1a or 1b) (use exact, full name; do not omi		of the Debtor's	name); If any part of the In ement Addendum (Form UC	dividual Debtor's
1s. ORGANIZATION'S NAME		<del></del>	<del></del>		<del> </del>
OR 1b. INDIVIDUAL'S SURNAME	SOS Family, LLC b. Individual's surname   I First personal name				Tarres
15. WESTER SCIENTIFIC	rino i Person	IAL NAME	ADDITIONA	SUFFIX	
1c. MAILING ADDRESS	CITY		STATE F	POSTAL CODE	COUNTRY
406 W. 8th Street	Alturas		CA	96101	USA
2. DEBTOR'S NAME: Provide only one Debtor name	e (2a or 2b) (use exact, full name; do not omit	, modify, or abbreviate any part o	of the Debtor's	name); if any part of the Inc	lividual Debtor's
name will not fit in line 2b, leave all of item 2 blank, ch	eck here and provide the individual Deb	otor information in Item 10 of the i	Financing State	ement Addendum (Form UC	(C1Ad)
OR 26. INDIVIDUAL'S SURNAME	FIRST PERSON	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)	
2c. MAILING ADDRESS	CITY		STATE F	STATE POSTAL CODE	
					USA
3. SECURED PARTY'S NAME (or NAME of ASSI	GNEE of ASSIGNOR SECURED PARTY): Pr	ovide only one Secured Party na	me (3a or 3b)		
3a. ORGANIZATION'S NAME Umpqua Bank					
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSON	IAI NAME	IADDITION/	AL NAME(S)/INITIAL(S)	Tsuffix
	1.000	THO FEROUNE WAVE		ADDITIONAL WANE(O)INVITIAL(O)	
30. MAILING ADDRESS	CITY		STATE POSTAL CODE		COUNTRY
C/O Loan Support Services, P O	Box 1580 Rosebur	g	OR	97470	USA
1. DEFINITIONS. As used in the 1.1 Grantor and Debtor. The 1.2 Statement. 1.2 Real Property. The term "97601 more particularly described Property: See attached Exhibit "A 1.3 Improvements. The woimprovements of every kind and 1.4 Premises. The word "Premises."	word "Grantor" also include Real Property" means the ed below, including all of A" rd "Improvements" mea nature now or hereafter loo	des the Debtor name property at 953 S Grantor's rights of the sall buildings, the sated on or about the sated	Spring S f ingress structur	y related UCC f Street, Klamath I s and egress to res, fixtures and	inancing Falls, OR the Real
(Continued on attached Financing Statement 5. Check gnly if applicable and check gnly one box: Collat		a 47 word lavle out \ Tv.		dia Bank	
6a. Check only if applicable and check only one box:				d by a Decedent's Personal applicable and check only or	
	red-Home Transaction A Debtor is	a Transmitting Utility	Agricultura		
7. ALTERNATIVE DESIGNATION (if applicable):	essee/Lessor Consignee/Consig				ee/Licensor
8. OPTIONAL FILER REFERENCE DATA:					
748000726	Vinite in the second se				(A) (A)

## **UCC FINANCING STATEMENT ADDENDUM**

FOLLOW INSTRUCTIONS								
NAME OF FIRST DEBTOR:     because Individual Debtor name	Same as line 1a or 1b on Financing Statement; if	line 1b was l	eft blank					
9a, ORGANIZATION'S NAME								
SOS Family, LLC	•							
			1					
OR 96, INDIVIDUAL'S SURNAME	1-1-2-2-1							
			1					
FIRST PERSONAL NAME								
ADDITIONAL NAME(SVIN	Tial (c)	····	SUFFIX					
ADDITIONAL NAME (STATE	TINC(0)		301712					
							ING OFFICE U	
	le (10a or 10b) only <u>one</u> additional Debtor name or ate any part of the Debtor's name) and enter the m			e 16 or 26 of the F	inancing S	italement (Fo	orm UCC1) (use	exact, full name;
10a. ORGANIZATION'S NAME			· · · · · · · · · · · · · · · · · · ·					
OR 10b. INDIVIDUAL'S SURNAME								
INDIVIDUAL'S FIRST PE	RSONAL NAME							
INDIVIDUAL'S ADDITION	AL NIAME/SVINITIAL /SV		. (					SUFFIX
INDIVIDUAL'S ADDITION	AL IVANIE(S)INTI IAL(S)							SUFFIX
10c. MAILING ADDRESS		CITY	<del></del>		STATE	POSTAL C	ODE	COUNTRY
11. ADDITIONAL SECUR		OR SECU	RED PARTY'S I	NAME: Provide o	nly <u>one</u> na	me (11a or 1	1b)	
OR 11b. INDIVIDUAL'S SURNAME		FIRST PER	SONAL NAME		ADDITIO	NAL NAME(S	s)/initial(s)	SUFFIX
11c. MAILING ADDRESS	**************************************	CITY			STATE	POSTAL C	ODE	COUNTRY
Improvements, and and/or used in con limitation, the follow 2.1 All accounts rights, general inta	ROPERTY. All personal proper all fixtures of every kind and nection with the operation, or	nature wnershi sale, de	now owned a p, use or en posit accour	and/or here joyment of nts, docum	eafter a f the P ents, c	acquired remised docume	d and situs including the order of the order of the of title	ated upon g, without e, contract
	ENT is to be filed [for record] (or recorded) in the	14. This Fit	NANCING STATEME	NT:				
REAL ESTATE RECORDS	(r applicable)	cov	ers timber to be cut	COVER as-	extracted o	ollaterat [	Is filed as a i	fixture filing
15. Name and address of a RECOF (if Debtor does not have a reco	D OWNER of real estate described in Item 16 interest):	16. Descrip	tion of real estate:					
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17, MISCELLANEOUS:	·			•			-	,

### UCC FINANCING STATEMENT ADDENDUM **FOLLOW INSTRUCTIONS** 9. 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 98. ORGANIZATION'S NAME SOS Family, LLC OR 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10s 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 INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS POSTAL CODE CITY STATE COUNTRY ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a, ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS STATE POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 2.2 All equipment, inventory, furnishings, appliances, machinery, tools, building materials, supplies, maintenance or service equipment and other raw materials or supplies, component parts and work in progress relating to the Premises; All warranties, licenses, franchises, plats, as-built plans, approvals, permits, drawings, specifications and construction contracts relating to the Premises or Grantor's business operations on the Premises; All commercial tort claims with respect to the Premises and other legal and equitable claims, judgments and awards now or hereafter accruing to the benefit of Grantor and/or the Premises; 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 14. This FINANCING STATEMENT: covers timber to be cut covers as-extracted collateral is filed as a fixture filing 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest):

17. MISCELLANEOUS:

## UCC FINANCING STATEMENT ADDENDUM **FOLLOW INSTRUCTIONS** 9. 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 SOS Family, LLC 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) 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. INDIVIOUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 11. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 1a, ORGANIZATION'S NAME OR 116. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SVINITIAL(S) SUFFIX 11c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): All bonding, construction, development, financing, guaranty, indemnity, maintenance, management, service, supply and warranty agreements, commitments, contracts, subcontracts, reports, studies, agreements; insurance policies and bonds relating to the Premises; All deposits, reserves, prepayments, deferred payments, rebates, refunds and returns of money or property paid to or deposited with any governmental body, agency or authority, any public or private utility, district or company, insurance companies, or any other person in connection with the Premises. INCOME FROM OPERATIONS. All leases, rental agreements, income room rates, revenues, rents, issues. 13. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the 14, This FINANCING STATEMENT: 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 real estate described in Item 16 16. Description of real estate: (if Debtor does not have a record interest): 17. MISCELLANEOUS:

#### UCC FINANCING STATEMENT ADDENDUM **FOLLOW INSTRUCTIONS** 9. 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 SOS Family, LLC OR 95. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) 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 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c, MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11s or 11b) 1a. ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUPFIX 11c. MAILING ADDRESS STATE POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): profits, accounts, accounts receivable, security deposits, rent deposits, general intangibles, contract rights or any other revenues related to the Premises or generated from operations conducted on the Premises, whether now or hereafter existing and whether characterized as being derived from real or personal property, including, without limitation, income from inventory sales, tenant or guest occupancy of the Premises, personal services, amenities, concessions, vendors, food and bar services; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing. 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 14. This FINANCING STATEMENT: covers timber to be cut covers as-extracted collateral is filled as a fixture filling 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest);

17. MISCELLANEOUS:

File No.: 208034AM

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# EXHIBIT "A" LEGAL DESCRIPTION

Lots 20, 21 and 22, in Block 19 of SECOND RAILROAD ADDITION to the City of Klamath Falls, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.