		2019-003467 Klamath County, Oregon ^{03/29/2019} 02:20:01 PM Fee: \$87.00		
JCC FINANCING STATEMENT OLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional)	L		
E-MAIL CONTACT AT FILER (optional)				
C. SEND ACKNOWLEDGMENT TO: (Name and Addr Craft3 42 7th Street, Suite 100	ess)			
Astoria, OR 97103				
			FOR FILING OFFICE USE	
1a. ORGANIZATION'S NAME R 1b. INDIVIDUAL'S SURNAME Cary	FIRST PERSONA		TIONAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS	CITY	STAT		COUNTRY
1724 Riverside Drive	Klamath	Falls OF	97601	USA
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (2a o name will not fit in line 2b, leave all of item 2 blank, check he 2a. ORGANIZATION'S NAME		modify, or abbreviate any part of the Del or information in item 10 of the Financing		
2b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME		SUFFIX
Cary		An STAT		COUNTRY
1724 Riverside Drive	Klamath			USA
R	FIRST PERSONA	AL NAME ADDI	TIONAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS 42 7th Street, Suite 100	city Astoria	STAT OF		COUNTRY USA
COLLATERAL: This financing statement covers the followi			97103	USA
Septic system repair at 1724 Riversic Parcel # R533202 Brief Legal: RIVERVIEW, BLOCK 1, L Township-Range-Sect: 39-9E-05 Census Tract / Block: 9709-00 / 3 Full legal: See page 2.		R 97601		

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):	er Bailee/Bailor Licensee/Licensor			
8. OPTIONAL FILER REFERENCE DATA:				
SP-21303				

FILING OFFICE COPY - UCC FINANCING STATEMENT (Form UCC1) (Rev. 04/20/11)

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

	JAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; jecause Individual Debtor name did not fit, check here	if line 1b was le	ft blank					
	9a. ORGANIZATION'S NAME							
OR	9b. INDIVIDUAL'S SURNAME							
	FIRST PERSONAL NAME							
	Aaron							
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX					
	Arnold				00405	IS FOR FILING OFFICE		
10	DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debtor name of		والمحمد والأوار ومحمد والأرار					
10.	do not omit, modify, or abbreviate any part of the Debtor's name) and enter the				-inancing a	statement (Form UCCT) (us	e exact, fuil name;	
	10a. ORGANIZATION'S NAME							
OR	10b. INDIVIDUAL'S SURNAME							
	Cary							
INDIVIDUAL'S FIRST PERSONAL NAME								
	Aaron							
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX	
10c.	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY	
1	724 Riverside Drive	Klamat	h Falls		OR	97601		
11.		OR SECUR	RED PARTY	S NAME: Provide of	only <u>one</u> na	ame (11a or 11b)		
11a. ORGANIZATION'S NAME								
~ -								
OR	11b. INDIVIDUAL'S SURNAME	FIRST PERS	SONAL NAME		ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX	
11c.	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY	

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)
 14. This FINANCING STATEMENT:

 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:

 Lot 2 in Block 1 of Riverview Addition to the City of Klamath Falls, according to the official plat thereof on file in the office of the County Clerk, Klamath County, Oregon.

 Parcel # R533202.

17. MISCELLANEOU

Julie Cary