NAME & PHONE OF CONTACT AT FILER (optional) acific Crest Federal Credit Union, 541-850-7727 E-MAIL CONTACT AT FILER (optional) SEND ACKNOWLEDGMENT TO: (Name and Address) Pacific Crest Federal Credit Union P O Box 1179 Klamath Falls, OR 97601 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S NAME: Provide only gage Debtor name (1a or 1a) (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 liam 10 of the Financing Statement Addredum (Form UCC1Ad) Ta. ORGANIZATION'S NAME Ib. INDIVIDUAL'S SURNAME Mary E. Mary STATE POSTAL CODE COUNT MAILING ADDRESS GITY STATE POSTAL CODE COUNT DEBTOR'S NAME: Provide only gage 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 liam 10 of the Financing Statement Addredum (Form UCC1Ad) Ta. ORGANIZATION'S NAME Mary E. CITY STATE POSTAL CODE COUNT DEBTOR'S NAME: Provide only gage 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 liam 10 of the Financing Statement Addredum (Form UCC1Ad) Ta. ORGANIZATION'S NAME White Scott C. CITY STATE POSTAL CODE COUNT MAILING ADDRESS GITY FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFID MAILING ADDRESS GITY STATE POSTAL CODE COUNT SAL	NAME & PHONE OF CONTACT AT FILER (optional) actific Crest Federal Credit Union, \$41-950-7727 E-MAIL CONTACT AT FILER (optional) SEND ACKNOWLEDGMENT TO: (Name and Address) Pacific Crest Federal Credit Union P O Box 1179 Klamath Falls, OR 97601 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S NAME: Provide only gog Debtor name (1a or 1b) (use exact, full name: do not omit, modify, or abbreviate any part of the londvidual Debtor information in item 10 of the Financing Statement Addredum (Form UCC1Ad) Ta. ORGANIZATION'S NAME 1b. INDIVIDUAL'S SURNAME White Mary E. White Mary E. CITY STATE POSTAL CODE COUNT OR 97603 USA DEBTOR'S NAME: Provide only gog Debtor name (2a or 2b) (use useat, full name: do not omit, modify, or abbreviate any part of the individual Debtor information in item 10 of the Financing Statement Addredum (Form UCC1Ad) Ta. ORGANIZATION'S NAME White Mary E. CITY STATE POSTAL CODE COUNT OR 97603 USA DEBTOR'S NAME: Provide only gog Debtor name (2a or 2b) (use useat, full name; do not omit, modify, or abbreviate any part of the individual Debtor information in item 10 of the Financing Statement Addrendum (Form UCC1Ad) Ta. ORGANIZATION'S NAME POSTAL CODE COUNT OR 97603 USA DEBTOR'S NAME: Provide only gog Debtor name (2a or 2b) (use useat, full name; do not omit, modify, or abbreviate any part of the individual Debtor information in item 10 of the Financing Statement Addrendum (Form UCC1Ad) Ta. ORGANIZATION'S NAME Ta. Debtor individual Debtor information in item 10 of the Financing Statement Addrendum (Form UCC1Ad) Ta. ORGANIZATION'S NAME Ta. Debtor individual Debtor information in item 10 of the Financing Statement Addrendum (Form UCC1Ad) Ta. ORGANIZATION'S NAME Ta. Debtor individual Debtor information in item 10 of the Financing Statement Addrendum (Form UCC1Ad) Ta. ORGANIZATION'S NAME Ta. Debtor individual Debtor information in item 10 of the Financing Statement Addrendum (Form UCC1Ad) Ta. ORGANIZATION'S NAME Ta. Debtor individual Debtor information in item 10 of the Fin				08/22/2019 10:15:01 Fee: \$92.00	AM
NAME & PHONE OF CONTACT AT FILER (optional) SEND ACKNOWLEDGMENT TO: (Name and Address) Pacific Crest Federal Credit Union, 541-859-7727 E-MAIL CONTACT AT FILER (optional) SEND ACKNOWLEDGMENT TO: (Name and Address) Pacific Crest Federal Credit Union P O Box 1179 Klamath Falls, OR 97601 DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not ont), modify, or abbreviate any part of the Debtor's name; if any part of the notividual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S SURNAME White Mary E. CITY STATE POSTAL CODE COUNT 23. ORGANIZATION'S NAME: White Mary E. CITY STATE POSTAL CODE COUNT 24. ORGANIZATION'S NAME In provide only one Debtor name (2a or 2b) (use exact, full name; do not one), 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) DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not one), 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) DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not one), 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) 2a. ORGANIZATION'S NAME PARTY'S NAME (PROVIDED (PR	NAME & PHONE OF CONTACT AT FILER (optional) actific Crest Federal Credit Union, \$41-950-7727 E-MAIL CONTACT AT FILER (optional) SEND ACKNOWLEDGMENT TO: (Name and Address) Pacific Crest Federal Credit Union P O Box 1179 Klamath Falls, OR 97601 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S NAME: Provide only gog Debtor name (1a or 1b) (use exact, full name: do not omit, modify, or abbreviate any part of the londvidual Debtor information in item 10 of the Financing Statement Addredum (Form UCC1Ad) Ta. ORGANIZATION'S NAME 1b. INDIVIDUAL'S SURNAME White Mary E. White Mary E. CITY STATE POSTAL CODE COUNT OR 97603 USA DEBTOR'S NAME: Provide only gog Debtor name (2a or 2b) (use useat, full name: do not omit, modify, or abbreviate any part of the individual Debtor information in item 10 of the Financing Statement Addredum (Form UCC1Ad) Ta. ORGANIZATION'S NAME White Mary E. CITY STATE POSTAL CODE COUNT OR 97603 USA DEBTOR'S NAME: Provide only gog Debtor name (2a or 2b) (use useat, full name; do not omit, modify, or abbreviate any part of the individual Debtor information in item 10 of the Financing Statement Addrendum (Form UCC1Ad) Ta. ORGANIZATION'S NAME POSTAL CODE COUNT OR 97603 USA DEBTOR'S NAME: Provide only gog Debtor name (2a or 2b) (use useat, full name; do not omit, modify, or abbreviate any part of the individual Debtor information in item 10 of the Financing Statement Addrendum (Form UCC1Ad) Ta. ORGANIZATION'S NAME Ta. Debtor individual Debtor information in item 10 of the Financing Statement Addrendum (Form UCC1Ad) Ta. ORGANIZATION'S NAME Ta. Debtor individual Debtor information in item 10 of the Financing Statement Addrendum (Form UCC1Ad) Ta. ORGANIZATION'S NAME Ta. Debtor individual Debtor information in item 10 of the Financing Statement Addrendum (Form UCC1Ad) Ta. ORGANIZATION'S NAME Ta. Debtor individual Debtor information in item 10 of the Financing Statement Addrendum (Form UCC1Ad) Ta. ORGANIZATION'S NAME Ta. Debtor individual Debtor information in item 10 of the Fin	ICC FINANCING STATEMENT				
acific Crest Federal Credit Union, 541-850-7727 E-MAIL CONTACT AT FILER (optional) SEND ACKNOWLEDGMENT TO: (Name and Address) Pacific Crest Federal Credit Union P O Box 1179 Klamath Falls, OR 97601 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 D name with not fit in the Iseave all of item 1 blank, check here on provide the Individual Debtor Information in item 10 of the Financing Statement Addrendum (Form UCC1Ad) 1a. ORGANIZATION'S NAME White Mary E. MALING ADDRESS CITY STATE POSTAL CODE OONN 3935 Redondo Way 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 Addrendum (Form UCC1Ad) White Klamath Falls OR 97603 USJ 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 UCC1Ad) 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 UCC1Ad) 2a. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFID ANALING ADDRESS OITY STATE POSTAL CODE OUNT STATE POSTAL CODE OUNT STATE POSTAL CODE OUNT ANALING ADDRESS CITY STATE POSTAL CODE OUNT STATE POSTAL CODE OUNT ANALING ADDRESS CITY STATE POSTAL CODE OUNT ANALING ADDRESS OR 97601 USJ DEBTOR'S NAME: Provide only one Debtor name (2a or 3b) STATE POSTAL CODE OUNT ANALING ADDRESS CITY STATE POSTAL CODE OUNT ANALING ADDRESS CITY STATE POSTAL CODE OUNT ANALING ADDRESS OR 97601 USJ DEBTOR'	ADDITIONAL NAME: Provide only gng 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 UCC1Ad) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY If It is the 10 to 6 the Financing Statement Addendum (Form UCC1Ad) The ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILI	OLLOW INSTRUCTIONS	·			
E-MAIL CONTACT AT FILER (optional) SEND ACKNOWLEDGMENT TO: (Name and Address) Pacific Crest Federal Credit Union P O Box 1179 Klamath Falls, OR 97601 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 ornit, modify, or abbreviate any part of the Debtor's name; if any part of the Individual Deator information in Item 10 of the Financing Statement Addendum (Form UCC1Ad) 1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S SURNAME Mary FIRST PERSONAL NAME Mary STATE POSTAL CODE ON 97603 US/ DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not ornit, 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) 1a. ORGANIZATION'S NAME MALING ADDRESS OR 97603 US/ DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not ornit, 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) 1a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME SCOURT STATE POSTAL CODE OUNN 97603 US/ DECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) SECURED PARTY'S NAME (or NAME of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) SECURED PARTY'S NAME (or NAME of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) SECURED PARTY'S NAME (or NAME of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) SE	E-MAIL CONTACT AT FILER (optional) SEND ACKNOWLEDGMENT TO: (Name and Address) Pacific Crest Federal Credit Union P O Box 1179 Klamath Falls, OR 97601 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S NAME: Provide only gog Debtor name (1s 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 Addondum (Form UCC1Ad) 1s. ORGANIZATION'S NAME 1b. INDIVIDUAL'S SURNAME Mary E. OITY STATE POSTAL CODE COUNT MAILING ADDRESS OCTY STATE POSTAL CODE COUNT STORE Provide only gog Debtor name (2s 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 Addondum (Form UCC1Ad) 1s. ORGANIZATION'S NAME POSTAL CODE COUNT MAILING ADDRESS ORGANIZATION'S NAME 2s. ORGANIZATION'S NAME 2s. ORGANIZATION'S NAME POSTAL CODE COUNT STATE POSTAL CODE COUNT STATE POSTAL CODE COUNT C. C. C. C. C. C. C. C. C. C	. NAME & PHONE OF CONTACT AT FILER (optional)				
Pacific Crest Federal Credit Union P O Box 1179 Klamath Falls, OR 97601 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 ornit, 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 Addondum (Form UCC1Ad) Ta. ORGANIZATION'S NAME The NDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)MINITIAL(S) SUFFD	Pacific Crest Federal Credit Union P O Box 1179 Klamath Falls, OR 97601 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S NAME: Provide only gog 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) 1a. ORGANIZATION'S NAME 1b. NDIVIDUAL'S SURNAME White Mary E. MALING ADDRESS CITY STATE POSTAL CODE COUNT STATE POSTAL CODE COUNT STATE POSTAL CODE COUNT AND POTONAL NAME SCOTT C. NDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME FIRST PERSONAL NAME SCOTT STATE POSTAL CODE COUNT STAT	Pacific Crest Federal Credit Union, 541-850-7727				
Pacific Crest Federal Credit Union PO Box 1179 Klamath Falls, OR 97601 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 amy part of the Debtor's name); if any part of the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFD White Mary E.	Pacific Crest Federal Credit Union PO Box 1179 Klamath Falls, OR 97601 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 Addondum (Form UCC1Ad) 1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S) SUFFIX	E-MAIL CONTACT AT FILER (optional)				
P O Box 1179 Klamath Falls, OR 97601 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S NAME: Provide only gag 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) Ta. ORGANIZATION'S NAME Ta. ORGANIZATION'S NAME The ADDITIONAL NAME(SyINITIAL(S) SUFFD White Mary E. CITY STATE POSTAL CODE COUNT ADDITIONAL NAME(SyINITIAL(S) SUFFD COUNT Ta. ORGANIZATION'S NAME White Mary E. Klamath Falls OR 97603 US/ DEBTOR'S NAME: Provide only gag 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 UCC1Ad) Ta. ORGANIZATION'S NAME The ADDITIONAL NAME(SyINITIAL(S) SUFFD CITY STATE POSTAL CODE COUNT ADDITIONAL NAME(SyINITIAL(S) SUFFD CITY STATE POSTAL CODE COUNT The ABOVE SPACE IS FOR FILING OFFICE USE ONLY The ADDITIONAL NAME(SyINITIAL(S) SUFFD COUNT OR ADDRESS CITY STATE POSTAL CODE COUNT The ADDITIONAL NAME(SyINITIAL(S) SUFFD COUNT OR ADDRESS CITY STATE POSTAL CODE COUNT The ADDITIONAL NAME(SyINITIAL(S) SUFFD COUNT OR ADDRESS CITY The Inflancing statement covers the following collateral: The Inflancing statement covers the fo	P O Box 1179 Klamath Falls, OR 97601 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 UCC1Ad) 1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S SURNAME White Mary E. MALING ADDRESS CITY Klamath Falls OR 97603 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 information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1a. ORGANIZATION'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 UCC1Ad) 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME White Scott C. MALING ADDRESS CITY STATE POSTAL CODE COUNT 97603 USA SECURED PARTY'S NAME (or NAME or ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) SECURED PARTY'S NAME (or NAME or ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) SECURED PARTY'S NAME Pacific Crest Federal Credit Union 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(s)/INITIAL(s) SUFFIX MALING ADDRESS CITY STATE POSTAL CODE COUNT O BOX 1179 O BOX 1179 O BOX 1179 O BOX 1179 THE ABOVE PACE on arbevidate any part of the Individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ad) This financing statement covers the following collateral: II Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additional palacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all records of any kind relating to	S. SEND ACKNOWLEDGMENT TO: (Name and Address))			
P O Box 1179 Klamath Falls, OR 97601 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S NAME: Provide only gag 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) Ta. ORGANIZATION'S NAME Ta. ORGANIZATION'S NAME The ADDITIONAL NAME(SyINITIAL(S) SUFFD White Mary E. CITY STATE POSTAL CODE COUNT ADDITIONAL NAME(SyINITIAL(S) SUFFD COUNT Ta. ORGANIZATION'S NAME White Mary E. Klamath Falls OR 97603 US/ DEBTOR'S NAME: Provide only gag 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 UCC1Ad) Ta. ORGANIZATION'S NAME The ADDITIONAL NAME(SyINITIAL(S) SUFFD CITY STATE POSTAL CODE COUNT ADDITIONAL NAME(SyINITIAL(S) SUFFD CITY STATE POSTAL CODE COUNT The ABOVE SPACE IS FOR FILING OFFICE USE ONLY The ADDITIONAL NAME(SyINITIAL(S) SUFFD COUNT OR ADDRESS CITY STATE POSTAL CODE COUNT The ADDITIONAL NAME(SyINITIAL(S) SUFFD COUNT OR ADDRESS CITY STATE POSTAL CODE COUNT The ADDITIONAL NAME(SyINITIAL(S) SUFFD COUNT OR ADDRESS CITY The Inflancing statement covers the following collateral: The Inflancing statement covers the fo	P O Box 1179 Klamath Falls, OR 97601 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 UCC1Ad) 1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S SURNAME White Mary E. MALING ADDRESS CITY Klamath Falls OR 97603 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 information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1a. ORGANIZATION'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 UCC1Ad) 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME White Scott C. MALING ADDRESS CITY STATE POSTAL CODE COUNT 97603 USA SECURED PARTY'S NAME (or NAME or ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) SECURED PARTY'S NAME (or NAME or ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) SECURED PARTY'S NAME Pacific Crest Federal Credit Union 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(s)/INITIAL(s) SUFFIX MALING ADDRESS CITY STATE POSTAL CODE COUNT O BOX 1179 O BOX 1179 O BOX 1179 O BOX 1179 THE ABOVE PACE on arbevidate any part of the Individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ad) This financing statement covers the following collateral: II Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additional palacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all records of any kind relating to	Pacific Crest Federal Credit Union	7			
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 UCC1Ad) 1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S SURNAME White Mary E. CITY STATE POSTAL CODE COUNT Klamath Falls OR 97603 US/ 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 UCC1Ad) 2a. ORGANIZATION'S NAME POSTAL CODE COUNT Klamath Falls OR 97603 US/ 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 UCC1Ad) 2a. ORGANIZATION'S NAME POSTAL CODE C. MAILING ADDRESS GITY STATE POSTAL CODE COUNT MAILING ADDRESS GITY STATE POSTAL CODE COUNT STATE POSTAL COD	DEBTOR'S NAME: Provide only gng 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) 1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S SURNAME White Mary CITY STATE POSTAL CODE COUNT Klamath Falls OR 97603 USA DEBTOR'S NAME: Provide only gng 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 in in item 2b, leave all of item 2 blank, check here and provide the individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME POSTAL CODE COUNT Klamath Falls OR 97603 USA DEBTOR'S NAME: Provide only gng 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 UCC1Ad) 2a. ORGANIZATION'S NAME POSTAL CODE COUNT White SCOtt C. MAILING ADDRESS GITY STATE POSTAL CODE COUNT Klamath Falls OR 97603 USA SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only gng Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME PACIFIC Crest Federal Credit Union 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME PACIFIC Crest Federal Credit Union 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(s)/INITIAL(S) SUFFIX Klamath Falls OR 97601 USA SULATERAL: This financing statement covers the following collatoral: II Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, addition explacements, and substitutions relating to any of the foregoing; all records of any kindr relating to any of					
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 UCC1Ad) 1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S SURNAME White Mary E. CITY STATE POSTAL CODE COUNT Klamath Falls OR 97603 US/ 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 UCC1Ad) 2a. ORGANIZATION'S NAME POSTAL CODE COUNT Klamath Falls OR 97603 US/ 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 UCC1Ad) 2a. ORGANIZATION'S NAME POSTAL CODE C. MAILING ADDRESS GITY STATE POSTAL CODE COUNT MAILING ADDRESS GITY STATE POSTAL CODE COUNT STATE POSTAL COD	DEBTOR'S NAME: Provide only gng 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) 1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S SURNAME White Mary CITY STATE POSTAL CODE COUNT Klamath Falls OR 97603 USA DEBTOR'S NAME: Provide only gng 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 in in item 2b, leave all of item 2 blank, check here and provide the individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME POSTAL CODE COUNT Klamath Falls OR 97603 USA DEBTOR'S NAME: Provide only gng 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 UCC1Ad) 2a. ORGANIZATION'S NAME POSTAL CODE COUNT White SCOtt C. MAILING ADDRESS GITY STATE POSTAL CODE COUNT Klamath Falls OR 97603 USA SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only gng Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME PACIFIC Crest Federal Credit Union 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME PACIFIC Crest Federal Credit Union 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(s)/INITIAL(S) SUFFIX Klamath Falls OR 97601 USA SULATERAL: This financing statement covers the following collatoral: II Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, addition explacements, and substitutions relating to any of the foregoing; all records of any kindr relating to any of	Klamath Falls, OR 97601				
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 UCC1Ad) 1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S SURNAME White Mary E. MALLING ADDRESS OR MALLING ADDRESS 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 UCC1Ad) 1a. ORGANIZATION'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 UCC1Ad) 1a. ORGANIZATION'S NAME Individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ad) 1b. INDIVIDUAL'S SURNAME White Scott C. MALLING ADDRESS CITY STATE POSTAL CODE COUNT OR 97603 USA SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME Pacific Crest Federal Credit Union 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)INITIAL(S) SUFFIX STATE POSTAL CODE COUNT OR 97601 USA STATE POSTAL CODE COUNT OR 97601 USA CITY STATE POSTAL CODE COUNT OR 97601 USA CITY STATE POSTAL CODE COUNT OR 97601 USA COUNT OR 97601 USA	DEBTOR'S NAME: Provide only gng 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) 1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S SURNAME White Mary E. MAILING ADDRESS OR MAILING ADDRESS OR MAILING ADDRESS DEBTOR'S NAME: Provide only gng 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 UCC1Ad) White Mary E. MILING ADDRESS OR MAILING ADDRESS OR MAILING ADDRESS DEBTOR'S NAME: Provide only gng 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 UCC1Ad) 1a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX White Scott C. MAILING ADDRESS CITY STATE POSTAL CODE COUNT C	i .	· []			
Tail not fit in line 1b, leave all of item 1 blank, check here and provide the individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) Tail ORGANIZATION'S NAME The INDIVIDUAL'S SURNAME White Mary E. MALING ADDRESS GITY Klamath Falls DR POSTAL CODE GOUNT GANIZATION'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not onlit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Deams will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) Tail Debtor information in item 10 of the Debtor's name); if any part of the individual Debtor name will not fit in line 2b, leave all of item 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) Tail Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) Tail Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) Tail Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) Tail Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) Tail Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) Tail Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) Tail Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) Tail Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) Tail Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) Tail Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) Tail Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) Tail Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) Tail Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)	Ta. ORGANIZATION'S NAME Ta. ORGANIZATION'S NAME The personal name will not fix in line 10, leave all of item 1 blank, check here and provide the individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)		THE ABO	OVE SPACE IS FO	R FILING OFFICE USE	ONLY
Tib. INDIVIDUAL'S SURNAME White Mary E. MAILING ADDRESS CITY Klamath Falls OR 97603 US/ 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 UCC1Ad) 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME White Scott C. MAILING ADDRESS CITY MAILING ADDRESS CITY Klamath Falls OR 97603 US/ SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME Pacific Crest Federal Credit Union 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME Pacific Crest Federal Credit Union 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME Pacific Crest Federal Credit Union 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) US/ SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3c. ORGANIZATION'S NAME Pacific Crest Federal Credit Union 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX US/ SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) COLLATERAL: This financing statement covers the following collateral: III Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additic epplacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of	th. INDIVIDUAL'S SURNAME White Mary E. MAILING ADDRESS GITY Klamath Falls OR 97603 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 information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME White Scott C. MAILING ADDRESS GITY Klamath Falls OR 97603 USA SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME Pacific Crest Federal Credit Union 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) USA SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME Pacific Crest Federal Credit Union 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) USA SECURED PARTY'S NAME Pacific Crest Federal Credit Union 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) USA SECURED PARTY'S NAME Pacific Crest Federal Credit Union 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) USA SECURED PARTY'S NAME PACIFIC Crest Federal Credit Union 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) USA SECURED PARTY'S NAME POSTAL CODE COUNTY Klamath Falls OR 97601 USA COLLATERAL: This financing statement covers the following collateral: II Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, addition applications and substitutions relating to any of the foregoing; all records of any kind relating to any of	DEBTOR'S NAME: Provide only one Debtor name (1a or 1b name will not fit in line 1b, leave all of item 1 blank, check here				
Manual M	Mary E. Mary Mary E. Mary Mary E. Mary Mary E. Mary	1a. ORGANIZATION'S NAME	7 7 88			
White	White	Tb. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS 935 Redondo Way Klamath Falls OR 97603 US/ 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 UCC1Ad) 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME White Scott C. MAILING ADDRESS GITY MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME Pacific Crest Federal Credit Union 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) US/ SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME Pacific Crest Federal Credit Union 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX White STATE POSTAL CODE COUNT OR 97603 US/ SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME Pacific Crest Federal Credit Union 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX OR 97601 US/ COLLATERAL: This financing statement covers the following collateral: III Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additice eplacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of	MAILING ADDRESS 935 Redondo Way CITY Klamath Falls CITY Klamath Falls COUNT OR 97603 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 information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME White Scott C. MAILING ADDRESS CITY STATE POSTAL CODE COUNT Whather SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME Pacific Crest Federal Credit Union 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX MAILING ADDRESS CITY STATE POSTAL CODE COUNT OR OR 97601 USA COLLATERAL: This financing statement covers the following collateral: II Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, addition Explain the individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) USA COLLATERAL: This financing statement covers the following collateral: II Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, addition Explain the individual Debtor information in item 10 of the Pinancing Statement A			1		
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 UCC1Ad) 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME White Scott C. MAILING ADDRESS GITY Klamath Falls OR 97603 USA SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME Pacific Crest Federal Credit Union 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) USA SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3c. ORGANIZATION'S NAME Pacific Crest Federal Credit Union 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX O Box 1179 COLLATERAL: This financing statement covers the following collateral: II Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additionally eplacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of	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 UCC1Ad) 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME White Scott C. MAILING ADDRESS GITY Klamath Falls OR 97603 USA SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME Pacific Crest Federal Credit Union 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) USA SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3c. ORGANIZATION'S NAME Pacific Crest Federal Credit Union 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX O Box 1179 FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX COUNTING COUNTING COUNTING COUNTING COUNTING FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX COUNTING COUNTING COUNTING COUNTING FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX COUNTING COUNTIN	. MAILING ADDRESS		STATE	POSTAL CODE	COUNTRY
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 UCC1Ad) 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME White Scott C. MAILING ADDRESS GITY Klamath Falls OR 97603 USA SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME Pacific Crest Federal Credit Union 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) USA SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX OR OBOX 1179 STATE POSTAL CODE COUNT MAILING ADDRESS CITY STATE POSTAL CODE COUNT Klamath Falls OR 97601 USA COLLATERAL: This financing statement covers the following collateral: II Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additionally applacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of	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 UCC1Ad) 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME White Scott C. MAILING ADDRESS GITY Klamath Falls OR 97603 USA SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME Pacific Crest Federal Credit Union 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME SCOURTED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3c. ORGANIZATION'S NAME Pacific Crest Federal Credit Union 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX O Box 1179 FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX COUNTING OR 97601 USA COLLATERAL: This financing statement covers the following collateral: II Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, addition eplacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of	3935 Redondo Way	Klamath Falls	OR	97603	USA
MAILING ADDRESS 935 Redondo Way Klamath Falls CITY Klamath Falls STATE POSTAL CODE OR 97603 USA SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME Pacific Crest Federal Credit Union 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) STATE POSTAL CODE COUNT O Box 1179 Klamath Falls OR 97601 USA COLLATERAL: This financing statement covers the following collateral: III Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additional papers of the foregoing; all records of any kind relating to any of the foregoing; all records of any kind relating to any of the foregoing; all records of any kind relating to any of	MAILING ADDRESS 935 Redondo Way Klamath Falls OR 97603 USA SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME Pacific Crest Federal Credit Union 3b. INDIVIDUAL'S SURNAME MAILING ADDRESS OBOX 1179 CITY Klamath Falls OR 97601 USA COUNTY COUNTY COUNTY OBOX 1179 Klamath Falls OR 97601 USA COUNTY COUNTY ADDITIONAL NAME(S)/INITIAL(S) USA COUNTY COUNTY COUNTY COUNTY COUNTY ADDITIONAL NAME(S)/INITIAL(S) SUFFIX COUNTY COUNTY ADDITIONAL NAME(S)/INITIAL(S) SUFFIX COUNTY COUNTY OBOX 1179 COUNTY COUNTY COUNTY OBOX 1179 COUNTY COUNTY COUNTY ADDITIONAL NAME(S)/INITIAL(S) SUFFIX COUNTY COUNTY COUNTY COUNTY ADDITIONAL NAME(S)/INITIAL(S) SUFFIX COUNTY COUNTY COUNTY COUNTY OBOX 1179 COUNTY COUNTY OBOX 1179 COUNTY COUNTY COUNTY OBOX 1179 COUNTY COUNTY COUNTY OBOX 1179 COUNTY	R 2b. INDIVIDUAL'S SURNAME				
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME Pacific Crest Federal Credit Union 3b. INDIVIDUAL'S SURNAME MAILING ADDRESS OBOX 1179 CITY Klamath Falls OR 97603 USA STATE POSTAL CODE COUNT Klamath Falls OR 97601 USA COLLATERAL: This financing statement covers the following collateral: II Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additional papers of the foregoing; all records of any kind relating to any of the foregoing; all records of any kind relating to any of the foregoing; all records of any kind relating to any of	Pacific Crest Federal Credit Union Sh. INDIVIDUAL'S SURNAME MAILING ADDRESS OB 97603 USA SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX OBOX 1179 CITY Klamath Falls OR 97601 USA COUNTY Klamath Falls OR 97601 USA COLLATERAL: This financing statement covers the following collateral: Il Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additional palacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of			1	POSTAL CODE	COUNTRY
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME Pacific Crest Federal Credit Union 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX OR STATE POSTAL CODE 40 O Box 1179 Klamath Falls OR 97601 USA 50 COLLATERAL: This financing statement covers the following collateral: 51 III Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additional epilacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoin	SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME Pacific Crest Federal Credit Union 3b. INDIVIDUAL'S SURNAME MAILING ADDRESS CITY Klamath Falls COLLATERAL: This financing statement covers the following collateral: II Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additional papers of the foregoing; all records of any kind relating to any of the foregoing the foregoing the foregoing the foregoing				1	
MAILING ADDRESS O Box 1179 Klamath Falls OR 97601 USA COLLATERAL: This financing statement covers the following collateral: III Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additional eplacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of	MAILING ADDRESS O Box 1179 Klamath Falls OR 97601 USA COLLATERAL: This financing statement covers the following collateral: II Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additional eplacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of	Pacific Crest Federal Credit Union				
O Box 1179 Klamath Falls OR 97601 USA COLLATERAL: This financing statement covers the following collateral: Ill Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additional eplacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of	O Box 1179 Klamath Falls OR 97601 USA COLLATERAL: This financing statement covers the following collateral: Il Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additional eplacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of	35. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)		
COLLATERAL: This financing statement covers the following collateral: Il Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, addition application of the foregoing; all records of any kind relating to any of the foregoing; all records of any kind relating to any of	COLLATERAL: This financing statement covers the following collateral: II Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, addition eplacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of	. MAILING ADDRESS		STATE	POSTAL CODE	COUNTRY
II Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, addition eplacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of	ll Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, addition placements, and substitutions relating to any of the foregoing; all records of any kind relating to any of	2 O Boy 1179	Klamath Falls	OR	97601	USA
nogonig.		P O Boy 1179	Klamath Falls	OR	97601	US
		COLLATERAL: This financing statement covers the following colling in the forest whether any of the forest placements, and substitutions relating	regoing is owned now or acqui	red later; a		
		COLLATERAL: This financing statement covers the following call Fixtures; whether any of the foreplacements, and substitutions relating	regoing is owned now or acqui	red later; a		
		COLLATERAL: This financing statement covers the following call Fixtures; whether any of the for eplacements, and substitutions relating	regoing is owned now or acqui	red later; a		
Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Represen	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 Represen	COLLATERAL: This financing statement covers the following call Fixtures; whether any of the for eplacements, and substitutions relating oregoing.	regoing is owned now or acquing to any of the foregoing; all reco	red later; a	kind relating to a	any of t
		COLLATERAL: This financing statement covers the following call Fixtures; whether any of the for	regoing is owned now or acquing to any of the foregoing; all reco	red later; a	kind relating to a	any of t
	Check only if applicable and check only one box: 6b. Check only if applicable and check only one box:	Check only if applicable and check only one box: Collateral is Check only if applicable and check only one box:	regoing is owned now or acquing to any of the foregoing; all reco	red later; a	kind relating to a	any of t



2019-009640 Klamath County, Oregon

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 OR 9b. INDIVIDUAL'S SURNAME White FIRST PERSONAL NAME Mary ADDITIONAL NAME(S)/INITIAL(S) SUFFIX E. 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 INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS POSTAL CODE CITY STATE 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 STATEMENT: covers timber to be cut covers as-extracted collateral X 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): Address: 825 Grant Street, Klamath Falls, OR 97601 See attached Exhibit "A". 17. MISCELLANEOUS:

EXHIBIT "A"

A portion of Lot 2 in Block 65, NICHOLS ADDITION to the City of Klamath Falls, Oregon, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon, more particularly described as follows:

Beginning at the most Easterly corner of Lot 2, Block 65, NICHOLS ADDITION to the City of Klamath Falls, Oregon, running thence Northwesterly along the Northeasterly line of said Lot 2 a distance of 100 feet; thence Southwesterly parallel with Grant Street (formerly Franklin Street) 54 feet; thence Southeasterly parallel with the Northeasterly line of Lot 2 a distance of 100 feet to the Northerly line of Grant Street; thence Northeasterly along the Northerly line of Grant Street to the place of beginning, in the County of Klamath, State of Oregon.