

**2019-011214**

**Klamath County, Oregon**

09/26/2019 10:47:01 AM

Fee: \$87.00

**UCC FINANCING STATEMENT**

**FOLLOW INSTRUCTIONS**

A. NAME & PHONE OF CONTACT AT FILER [optional]
B. E-MAIL CONTACT AT FILER [optional]
C. SEND ACKNOWLEDGMENT TO: (Name and Address) After recording return to: <div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 10px auto;">                     Santiam Escrow                      PO Box 515                      Stayton OR 97383                 </div>

**THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY**

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's name will 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)

1a. ORGANIZATION'S NAME <b>Blue Sky Investment LLC</b>				
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1c. MAILING ADDRESS <b>314 S 7th St, PMB 124</b>		CITY <b>Klamath Falls</b>	STATE <b>OR</b>	POSTAL CODE <b>97601</b>
		COUNTRY <b>USA</b>		

2. 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's 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)

2a. ORGANIZATION'S NAME				
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
		COUNTRY		

3. 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 <b>Hestia Holdings Inc</b>				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS <b>PO Box 645</b>		CITY <b>Shady Cove</b>	STATE <b>OR</b>	POSTAL CODE <b>97539</b>
		COUNTRY <b>USA</b>		

4. COLLATERAL: This financing statement covers the following collateral:

**ALL Farming Equipment included with purchase of property at 11597 Spring Lake Rd, Klamath Falls OR 97603. Includes but is not limited to, any: irrigation devices, tanks, pumps, tractors, trailers, fencing, and gates.**

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

6. Check only if applicable and check only one box

☐ Public-Finance Transaction ☐ A Debtor is a Transmitting Utility

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA

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## EXHIBIT "A"

The W1/2 of the NW 1/4 of Section 2, Township 40 South, Range 9 East of the Willamette Meridian, Klamath County, Oregon.