UCC FINANCING STATEMENT

				INSTRUCTIONS	
				& PHONE OF CONTACT AT FILER (optional) 1-800-858-5294	
				L CONTACT AT FILER (optional) RFiling@cscglobal.com	
				ACKNOWLEDGMENT TO: (Name and Address)	
				2 22667	
				Adlai Stevenson Drive	
			Filed In: Oregon	igfield, IL 62703	
			(Klamath)		
R FILING OFFICE USE C	ACE IS FOR	THE ABOVE SPA			
				OR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) ill not fit in line 1b, leave all of item 1 blank, check here	
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	E		Gary	vey	
POSTAL CODE 97603	STATE OR	alls	сіту Klamath F	ig ADDRESS 5560 Bartlett Ave	
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tement Addendum (Form UC	inancing Sta	or information in item 10 of the F	and provide the Individual De	ill not fit in line 2b, leave all of item 2 blank, check here	
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			Jnion	RGANIZATION'S NAME Community 1st Credit	
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POSTAL CODE	STATE		CITY	ig address PO Box 870	
98327	WA		DuPont		
03 Parcel:R56941 viated Legal Desci	OR 9760 3 Abbrev	Ave Klamath Falls, hath Falls, OR 97603	lled at 5560 Bartle 60 Bartlett Ave, Kla County of Klamath	system and all of its components inst I:3909E14AA02200 Situs Address:55	
			2/2010	nstrument # 2016-009672 Date. 09/	
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A Debtor is a Transmitting Utility

Seller/Buyer

Consignee/Consignor

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

Manufactured-Home Transaction

Lessee/Lessor

6a. Check only if applicable and check only one box:

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA:

Public-Finance Transaction

6b. Check only if applicable and check only one box:

Non-UCC Filing

Licensee/Licensor

Agricultural Lien

Bailee/Bailor

2020-003345

03/18/2020 08:09:21 AM

Fee: \$87.00

Klamath County, Oregon

UCC FINANCING STATEMENT ADDENDUM

9a. ORGANIZATION'S NAME				
9b. INDIVIDUAL'S SURNAME				
Mulvey FIRST PERSONAL NAME				
Gary				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
E	тні	E ABOVE SPACE	S FOR FILING OFFI	CE USE ONLY
DEBTOR'S NAME: Provide (10a or 10b) only one additional Deb		2b of the Financing S	tatement (Form UCC1) (use exact, full nan
do not omit, modify, or abbreviate any part of the Debtor's name) and	d enter the mailing address in line 10c			
10a. ORGANIZATION'S NAME				
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
				Tourse
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
ADDITIONAL SECURED PARTY'S NAME or	ASSIGNOR SECURED PARTY'S NAME	· Provide only one na	me (11a or 11b)	
11a. ORGANIZATION'S NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. Trovido omy <u>ono</u> ne	(114 01 110)	
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	NAL NAME(S)/INITIAL(S	SUFFIX
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ADDITIONAL SPACE FOR ITEM 4 (Collateral):		STATE	POSTAL CODE	COUNTRY
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