LICC FINANCING STATEMENT

OLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional)				
CSC 1-800-858-5294				
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
2023 57058 CSC	7			
801 Adlai Stevenson Drive				
Springfield, IL 62703	Filed In: Oregon			
	(Klamath)			
. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use			OR FILING OFFICE USE	
	and provide the Individual Debtor information in ite			
1a. ORGANIZATION'S NAME				
R 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	IADDITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX
Tchou	Jeremy	P	, , , , , , , , , , , , , , , , , , ,	001117
c. MAILING ADDRESS 107 Southshore Ln	CITY	STATE	POSTAL CODE	COUNTRY
	Klamath Falls	OR	97601	USA
name will not fit in line 2b, leave all of item 2 blank, check here along a 2a. ORGANIZATION'S NAME	e exact, full name; do not omit, modify, or abbrevia and provide the Individual Debtor information in ite			
		m 10 of the Financing St		
name will not fit in line 2b, leave all of item 2 blank, check here a 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME Boyd	and provide the Individual Debtor information in ite	m 10 of the Financing St	tatement Addendum (Form U	ICC1Ad)
name will not fit in line 2b, leave all of item 2 blank, check here all 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME Boyd c. MAILING ADDRESS 107 Southshore Ln SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIG	FIRST PERSONAL NAME Madeline CITY Klamath Falls SNOR SECURED PARTY): Provide only one Secu	m 10 of the Financing SI ADDITIO D STATE OR	POSTAL CODE 97601	SUFFIX COUNTRY
name will not fit in line 2b, leave all of item 2 blank, check here all 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME Madeline CITY Klamath Falls SNOR SECURED PARTY): Provide only one Secu	m 10 of the Financing SI ADDITIO D STATE OR	POSTAL CODE 97601	SUFFIX COUNTRY
name will not fit in line 2b, leave all of item 2 blank, check here all 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME Boyd c. MAILING ADDRESS 107 Southshore Ln SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIG	FIRST PERSONAL NAME Madeline CITY Klamath Falls SNOR SECURED PARTY): Provide only one Secu	ADDITION D STATE OR	POSTAL CODE 97601	SUFFIX COUNTRY

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): Lessee/Lessor Consignee/Consignor Seller/Buy	yer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	

2023 57058

2020-015537

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Fee: \$87.00

Klamath County, Oregon

UCC FINANCING STATEMENT ADDENDUM

9. N	LOW INSTRUCTIONS IAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if	line 1b was le	eft blank				
b	ecause Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME						
OR							
Ů.	9b. INDIVIDUAL'S SURNAME Tchou FIRST PERSONAL NAME						
	Jeremy ADDITIONAL NAME(S)/INITIAL(S) P		SUFFIX				
	DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or do not omit, modify, or abbreviate any part of the Debtor's name) and enter the m					IS FOR FILING OFFICE Statement (Form UCC1) (us	
	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
OR 11c.	11b. INDIVIDUAL'S SURNAME MAILING ADDRESS	FIRST PERS	SONAL NAME		ADDITIO	POSTAL CODE	SUFFIX
12. /	ADDITIONAL SPACE FOR ITEM 4 (Collateral):						
15.1 Je Ma	This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) Name and address of a RECORD OWNER of real estate described in item 16 if Debtor does not have a record interest): remy P Tchou adeline D Boyd 7 Southshore Ln amath Falls, OR 97601	16. Descript Perfecti equipme and all of Falls, O Situs Ac	ent includir of its comp R 97601 P ddress: 107	e cut covers as-extracted collateral is filed as a fixture filing			
	MISCELLANEOUS:	38S-8E	-26-NE-NE		lete Lega	al Description refe	