UCC FINANCING STATEMENT

payoff requests call 800.677.8506 ext 7706.

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141

B. E-MAIL CONTACT AT FILER (optional)
uccfilingretum@wolterskluwer.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Lien Solutions
P.O. Box 29071
Glendale, CA 91209-9071

OROR
FIXTURE

2020-016031

12/09/2020 09:47:01 AM

Klamath County, Oregon

Fee: \$87.00

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File with: Klamath, OR		THE ABOVE SPACE IS	FOR FILING OFFICE	USE ONLY
. DEBTOR'S NAME: Provide only one Debtor name (1a name will not fit in line 1b, leave all of item 1 blank, check he		dify, or abbreviate any part of the Del formation in item 10 of the Financing	· · · · · ·	
1a. ORGANIZATION'S NAME				
R 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	ME ADDI	TIONAL NAME(S)/INITIAL(S)	SUFFIX
MCKENZIE	JOSEPH			
c. MAILING ADDRESS	CITY	STAT	E POSTAL CODE	COUNTRY
3633 COLLIER LANE	KLAMATH FAL	ls or	97603	USA
2a. ORGANIZATION'S NAME				
R 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	ME ADDI	TIONAL NAME(S)/INITIAL(S)	SUFFIX
2b. INDIVIDUAL'S SURNAME MCKENZIE	CHRISTINE		., .,	
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5. Check only if applicable and check on	<u>ly</u> one box: Collateral isheld in a Tru	ıst (see UCC1Ad, item 17 and	Instructions)	being administered by a De	cedent's Personal Representative
6a. Check only if applicable and check of	only one box:			6b. Check <u>only</u> if applicable	e and check <u>only</u> one box:
Public-Finance Transaction	Manufactured-Home Transaction	A Debtor is a Transmi	tting Utility	Agricultural Lien	Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if app	olicable): Lessee/Lessor	Consignee/Consignor	Seller/Buye	r Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DAT					
78025669	MCKENZIE8250				

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

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