		Fee: \$87.00	
\neg			
ed In: Oregon			
(Klamath)			
<u>-</u>			
EIDET DEDEONAL NAME	IADDI	FIONAL NAME(S)/INITIAL(S)	SUFFIX
WESTON		, , , , , ,	30111X
CITY			COUNTRY
	I		
TRICIA		MARIE SUFFIX	
CITY KLAMATH			COUNTRY
CURED PARTY): Provide only one S	ecured Party name (3a o	r 3b)	
ERVICES, LLC			
FIRST PERSONAL NAME	AL NAME ADDITIONAL NAME/CV/INITIAL/CV		SUFFIX
THO TEROONAL NAME	1	HONAL NAME(O)/MITTAL(O)	John
CITY			COUNTRY
OMAHA	NE	68154	USA
VOTS W/ AG SENSE 1			
	(Klamath) TH ull name; do not omit, modify, or abbride the Individual Debtor information in FIRST PERSONAL NAME WESTON CITY MALIN ull name; do not omit, modify, or abbride the Individual Debtor information in FIRST PERSONAL NAME TRICIA CITY KLAMATH CURED PARTY): Provide only one SERVICES, LLC FIRST PERSONAL NAME	THE ABOVE SPACE IS Ill name; do not omit, modify, or abbreviate any part of the Det de the Individual Debtor information in item 10 of the Financing FIRST PERSONAL NAME WESTON CITY MALIN OR Ill name; do not omit, modify, or abbreviate any part of the Det de the Individual Debtor information in item 10 of the Financing FIRST PERSONAL NAME TRICIA CITY KLAMATH CURED PARTY): Provide only one Secured Party name (3a or ERVICES, LLC FIRST PERSONAL NAME ADDIT CURED PARTY): Provide only one Secured Party name (ADDIT FIRST PERSONAL NAME ADDIT ADDIT CURED PARTY): Provide only one Secured Party name (ADDIT FIRST PERSONAL NAME ADDIT STATI OR CURED PARTY): Provide only one Secured Party name (ADDIT FIRST PERSONAL NAME ADDIT STATI OR CURED PARTY): Provide only one Secured Party name (ADDIT FIRST PERSONAL NAME ADDIT FIRST PERSONAL NAME ADDIT STATI	THE ABOVE SPACE IS FOR FILING OFFICE USE Juli name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Ide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UMESTON) FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) WILLIAM STATE POSTAL CODE OR 97632 Juli name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Ir de the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UMESTON) FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) TRICIA MARIE CITY STATE POSTAL CODE OR 97603 CURED PARTY): Provide only one Secured Party name (3a or 3b) ERVICES, LLC FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) CITY STATE POSTAL CODE FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) CITY STATE POSTAL CODE FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S)

2021-011607

07/29/2021 10:59:00 AM

being administered by a Decedent's Personal Representative

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

Klamath County, Oregon

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/Buyer Bailee/Bailor Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA: :175249-002

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

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)

UCC FINANCING STATEMENT ADDENDUM

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Finance	sing Statement; if line 1b was left	blank					
because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME							
9b. INDIVIDUAL'S SURNAME WALKER							
FIRST PERSONAL NAME WESTON							
ADDITIONAL NAME(S)/INITIAL(S) WILLIAM	\$	SUFFIX	THE ABOVE	SPACE	IS FOR FILING OFFICE	USE ONLY	
10. DEBTOR'S NAME: Provide (10a or 10b) only one additiona do not omit, modify, or abbreviate any part of the Debtor's name			line 1b or 2b of the	Financing S	Statement (Form UCC1) (use	exact, full nan	
10a. ORGANIZATION'S NAME							
10b. INDIVIDUAL'S SURNAME							
INDIVIDUAL'S FIRST PERSONAL NAME							
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX	
Oc. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY	
11b. INDIVIDUAL'S SURNAME 1c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY	
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):	,				1		
This FINANCING STATEMENT is to be filed [for record] (or REAL ESTATE RECORDS (if applicable)	, _	NCING STATEM					
5. Name and address of a RECORD OWNER of real estate describe		n of real estate:					
M & B CATTLE COMPANY					00.0 00 1 400 1	R8E LOT	
(if Debtor does not have a record interest): M'& B CATTLE COMPANY					020 00 1400 1	R8E LOT	
M & B CATTLE COMPANY					020 00 1400 1	R8E LOT	