AFTER RECORDING RETURN TO: CASCADE TITLE COMPANY 811 WILLAMETTE ST. EUGENE, OR 97401 158158N RJ

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Barrie de la	1 44 84

2021-018459

Klamath County, Oregon

12/13/2021 03:47:01 PM

Fee: \$87.00

UCC FINANCING STATEMENT

TOUR OW INSTRUCTION		CARELINA				
FOLLOW INSTRUCTIONS						
A. NAME & PHONE OF C Katie Jeremiah	UNTACTATFILE	K joptionali				
B. SEND ACKNOWLEDG	MENT TO: (Nom	a and Addrosa)				
B. SEIND ACKNOWLEDG	WENT TO: (Nail	le and Address)				
Aggregate Re	source Crush	ing, LLC				
4080 Comme	rcial Ave	•				
Springfield OF	R 97478					
			THE AB	OVE SDACE IS EC	R FILING OFFICE USE	ONLY
4 DEDTODIC EVACTE					R FILING OFFICE USE	ONLI
1a. ORGANIZATION'S NA			or 1b) - do not abbreviate or combine names	S		
III. ONOMIZATIONS IV	we Spring but	te Rock, inc				
OR 16. INDIVIDUAL'S LAST I				Luppie		ISUFFIX
TIB. INDIVIDUAL'S LAST I	NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY	
PO Box 2806		La Pine	OR	97739	US	
1d. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION DBC		1f. JURISDICTION OF ORGANIZATION	1g. ORG	1g. ORGANIZATIONAL ID #, if any		
		Oregon	1	1687050-94		
2. ADDITIONAL DEBTOR	R'S EXACT FULL	LEGAL NAME - insert only one of	lebtor name (2a or 2b) - do not abbreviate or	r combine names		
2a. ORGANIZATION'S NA			(22 0) 20 // (20 0)			
OR 2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	MIDDLE NAME		
2c. MAILING ADDRESS			CITY	STATE	IPOSTAL CODE	COUNTRY
20. MAILING ADDRESS			JOINIE	1 001/12 0052	OCCIVITA	
		To 2000 000 000 000 000 000 000 000 000 0		0.050	ANIZATIONAL IS # If	
2d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. URG	ANIZATIONAL ID #, if any	
	DEBTOR					NONE
3. SECURED PARTY'S	NAME (or NAME	of TOTAL ASSIGNEE of ASSIGNOR	R S/P) - insert only one secured party name ((3a or 3b)		
3a, ORGANIZATION'S N	^{AME} Aggregate	Resource Crushing, LL	С			
OR 3b. INDIVIDUAL'S LAST	NAME		FIRST NAME	MIDDLE	MIDDLE NAME	
3c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
4080 Commercial A	ve		Springfield	OR	97478	us
			1-53	1		
4. This FINANCING STATEM		_		, ,		L - 4 · · ·
As extracted collater	al at Spring B	utte Quarry: All of Debt	or's crushed rock inventory an	na crusnea rock	now existing and	пегеапег

As extracted collateral at Spring Butte Quarry: All of Debtor's crushed rock inventory and crushed rock now existing and hereafter located and extracted at the Spring Butte Quarry, together with all additions, accessions, replacements and substitutions to or for the same, together with the proceeds and products thereof.

							-
5. ALTERNATIVE DESIGNATION [if applicable]		CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-U	CCFILING
This FINANCING STATEMENT is to be filed ESTATE RECORDS. Attach Addengum	[for record] (or recorded) in	the REAL 7. Check to REC	UEST SEARCH REPOI FEEI	RT(S) on Debtor(s) [optional]	All Debtors	Debtor 1	Debtor 2
		·····					

IAME OF FIRST DEBTOR (1a or 1b) ON RELATE	D FINANCING STAT	EMENT				
9a. ORGANIZATION'S NAME Sp				1			
9b. INDIVIDUAL'S LAST NAME	FIRST NA	ME	MIDDLE NAME, SUFFIX				
MISCELLANEOUS:				1			
				THE ABOVE	SPACE	IS FOR FILING OFFICE	USE ONLY
ADDITIONAL DEBTOR'S E	XACT FULL LEGAL N/	AME - insert only one na	me (11a or 11b) - do not abbre				
11a. ORGANIZATION'S NAME							
11b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE NAME		SUFFIX
MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
TAX ID #: SSN OR EIN ADD	L INFO RE 11e. TYPE C	F ORGANIZATION	11f. JURISDICTION OF ORGA	NIZATION	11a, ORC	ANIZATIONAL ID #. if any	
ORGANIZATION '			1		NONE		
		ASSIGNOR S/P'S	NAME - insert only one name	(12a or 12b)	<u> </u>		I
12a. ORGANIZATION'S NAME				,			
12b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE	NAME	SUFFIX
MAILING ADDRESS			CITY		STATE	IDOSTAL CODE	COUNTRY
MAILING ADDISEDS					017112	001112 0002	
This FINANCING STATEMENT co	overs timber to be cu	or 🗸 as-extracted	16. Additional collateral descr	ription:		<u> </u>	
collateral, or is filed as a fixt							
• •							
oring Butte Rock Quarry ownship 23 South, Rang	/ ae 11						
ast of the Willamette Me	eridian						
ection 6: All							
	OWNER of above descri	ned real estate					
Name and address of a RECORD		, ,					
Name and address of a RECORD (if Debtor does not have a record	interest):		1				
	interest):						
(if Debtor does not have a record	interest):		17. Check only if applicable a	and check <u>only</u> one bo	ζ.		
(if Debtor does not have a record	interest):			ř.		property held in trust or	Decedent's Estate
(if Debtor does not have a record	interest):			Trustee acting with re	spect to p	property held in trust or	Decedent's Estate
(if Debtor does not have a record	interest):		Debtor is a Trust or	Trustee acting with re and check <u>only</u> one book IGUTILITY	spect to p		Decedent's Estate
FC	ADDITIONAL DEBTOR'S E. 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S LAST NAME 11b. INDIVIDUAL'S LAST NAME ADDITIONAL SECURET 12a. ORGANIZATION'S NAME 12b. INDIVIDUAL'S LAST NAME 12b. INDIVIDUAL'S LAST NAME TAX ID #: SSN OR EIN ORG, DEBT ADDITIONAL SECURET 12a. ORGANIZATION'S NAME 12b. INDIVIDUAL'S LAST NAME TO STATEMENT CO COLLARS OF THE STATEMENT COLLARS	ADDITIONAL DEBTOR'S EXACT FULL LEGAL NATION AND ADDITIONAL SECURED PARTY'S OF LONG AND ADDITIONAL SECURED PARTY'S OF LONG AND ADDITIONAL SECURED PARTY'S OF LONG ADDITIONAL SECURED PARTY OF LONG ADDITIONA	ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one na 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S LAST NAME . MAILING ADDRESS . TAX ID #: SSN OR EIN	ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbre 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S LAST NAME ADDITIONAL SEN OR EIN ORGANIZATION DEBTOR TAX ID #: SSN OR EIN ORGANIZATION DEBTOR ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name 12a. ORGANIZATION DEBTOR 12b. INDIVIDUAL'S LAST NAME FIRST NAME ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name 12a. ORGANIZATION'S NAME 12b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME 12c. INDIVIDUAL'S LAST NAME MAILING ADDRESS CITY This FINANCING STATEMENT covers timber to be cut or assertanced collateral, or is filed as a possible of real estate. Pring Butte Rock Quarry own ship 23 South, Range 11 ast of the Willamette Meridian lamath County, Oregon	ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only goe name (11a or 11b) - do not abbreviate or combine name 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S LAST NAME ADDITIONAL SECURED PARTY'S gr ASSIGNOR S/P'S NAME - insert only goe name (12a or 12b) ADDITIONAL SECURED PARTY'S gr ASSIGNOR S/P'S NAME - insert only goe name (12a or 12b) ADDITIONAL SECURED PARTY'S gr ASSIGNOR S/P'S NAME - insert only goe name (12a or 12b) Tax ID #: SN OR EIN ADD'L INFO RE ORGANIZATION OF ORGANIZATION ORGANIZATION OF	ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names 11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S LAST NAME MIDDLE MAILING ADDRESS CITY STATE ADDITIONAL SECURED PARTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b) 12a. ORGANIZATION'S NAME FIRST NAME - insert only one name (12a or 12b) 15a. ORGANIZATION'S NAME FIRST NAME - insert only one name (12a or 12b) 15a. ORGANIZATION'S NAME FIRST NAME - insert only one name (12a or 12b) 15a. ORGANIZATION'S NAME Tab. INDIVIDUAL'S LAST NAME MIDDLE MAILING ADDRESS CITY STATE This FINANCING STATEMENT covers limber to be cut or as-extracted 16. Additional coliateral description: collateral, or is filed as a fixture (filing, Description of trael estate) pring Butte Rock Quarry ownship 23 South, Range 11 ast of the Williamette Meridian lamath County, Oregon	SERVIND STATE ST