

2022-006917 Klamath County, Oregon

DLLOW INSTRUCTIONS . NAME & PHONE OF CONTACT AT FILER (optional) lame: Wolters Kluwer Lien Solutions Phone: 800-331- . E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com	1				
B. E-MAIL CONTACT AT FILER (optional)	.3282 Fay: 818-662-4141 ■				
	0202 ux. 010-002-4141				
SEND ACKNOWLEDGMENT TO: (Name and Address) 52	2667 - Launch - Sunlight				
Lien Solutions	86877529				
P.O. Box 29071 Glendale, CA 91209-9071	·				
Glefidale, CA 91209-9071	OROR				
	FIXTURE				
File with: Klamath, OR	THE.	ABOVE SPACE	IS F	OR FILING OFFICE U	SE ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (t					
ame will not fit in line 1b, leave all of item 1 blank, check here	and provide the Individual Debtor information in ite	m 10 of the Financi	ng St	atement Addendum (Form	UCC1Ad)
1a. ORGANIZATION'S NAME					
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	AC	DITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
ARCHIBALD	DEBBIE			., .,	
WAILING ADDRESS	CITY	ST	ATE	POSTAL CODE	COUNTRY
50 OR-39 EBTOR'S NAME: Provide only one Debtor name (2a or 2b) (u	KLAMATH FALLS	ate any part of the I	R Debto	97603 r's name); if any part of the	USA Individual Debt
PEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (to a me will not fit in line 2b, leave all of item 2 blank, check here	KLAMATH FALLS use exact, full name; do not omit, modify, or abbrev	ate any part of the I m 10 of the Financi	OR Debto ng St	97603 r's name); if any part of the	USA Individual Debt
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5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is held in a Trust (see	UCC1Ad, item 17 and Instructions)	being administered by a Decec	dent's Personal Representative
6a. Check <u>only</u> if applicable and check <u>only</u> one box:		6b. Check only if applicable a	nd check <u>only</u> 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 Consi	ignee/Consignor Seller/Buye	er Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:			
86877529 LoanID 265438		LenderCode S	SUNANT

UCC FINANCING STATEMENT ADDENDUM

9. NAME OF PRIST DESTORS are as like 1 to of to fire incoming Sidement, if the 10-was left black because invisited before name did not st, check here \$1. ORGANIZATIONS NAME PROTECTION NAME PROTE	FOLLOWINSTRUCTIONS					
ON DESTORES NAME PRIST PERSONAL MANE DEBBIE	-	Statement; if line 1b was left blank				
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TOWNSHIP 39 SOUTH RANGE 9 EAST	Legal Description: SE1/4 OF SECTION 24					
17. MISCELLANEOUS: 86877529-OR-35 52667 - Launch - Sunlight Fi Alliant Credit Union File with: Klamath, OR LoanID 265438 LenderCode SUNANT		TOWNSHIP 39 SOUTH RANGE 9 EAST				
17. MISCELLANEOUS: 86877529-OR-35 52667 - Launch - Sunlight Fi Alliant Credit Union File with: Klamath, OR LoanID 265438 LenderCode SUNANT						
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