Name: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax: 818-662-4141

B. E-MAIL CONTACT AT FILER (optional)

2022-011678 Klamath County, Oregon 09/28/2022 01:09:02 PM Fee: \$87.00 **UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS** A. NAME & PHONE OF CONTACT AT FILER (optional)

uccillingreturn@wolterskluwer.com						
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	53679 - Launch - Enium					
Lien Solutions	90022905					
P.O. Box 29071	89032805					
Glendale, CA 91209-9071	OROR					
Grandare, et a 1200 de l'						
	FIXTURE _I					
File with: Klamath, OR		THE AE	BOVE SPACE IS FO	OR FILING OFFICE U	SE ONLY	
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name will not fit in line 1b, leave all of item 1 blank, check here	and provide the Individual Del	* * * * * * * * * * * * * * * * * * * *				
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Stalbird				DOOTAL CODE	COUNTRY	
Stalbird c. MAILING ADDRESS	CITY		STATE	POSTAL CODE		
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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 <u>only</u> if applicable and check <u>only</u> 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/Buye	er Bailee/Bailor Licensee/Licensor
8 OPTIONAL FILER REFERENCE DATA:	

AND ADDITIONS OR REPLACEMENTS OF THE SAME. IN ADDITION, THE SECURITY INTEREST INCLUDES ALL WARRANTIES ISSUED WITH

89032805

RESPECT TO THE REFERENCED COLLATERAL.

LoanID 229316 LenderCode ECG001

UCC FINANCING STATEMENT ADDENDUM

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Fina	•	as left blank				
because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME						
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			1			
9b. INDIVIDUAL'S SURNAME			1			
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ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX				
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10b. INDIVIDUAL'S SURNAME						
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MANUFIC APPRICA	Loury			07475	I DOOTAL CODE	OOL INTRY
: MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
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