UCC FINANCING STATEMENT

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)
uccfilingreturn@wolterskluwer.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

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

File with: Klamath, OR

2022-012575

Klamath County, Oregon

10/21/2022 01:07:02 PM

Fee: \$87.00

DEBTOR'S NAME: Provide only one Debtor name (1a on name will not fit in line 1b, leave all of item 1 blank, check her	<u> </u>			
1a. ORGANIZATION'S NAME			<u> </u>	
1b. INDIVIDUAL'S SURNAME Scotton	FIRST PERSONAL NAME Christina	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S)	
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
770 Crest St	Klamath Falls	OR	97603	USA
2a. ORGANIZATION'S NAME			atement Addendam (Forms	
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2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME MAILING ADDRESS SECURED PARTY'S NAME (or NAME of ASSIGNEE of Sa. ORGANIZATION'S NAME Community 1st Credit Union	FIRST PERSONAL NAME CITY of ASSIGNOR SECURED PARTY): Provide only <u>one</u> Secur	ADDITIO STATE red Party name (3a or 3	NAL NAME(S)/INITIAL(S) POSTAL CODE b)	SUFFIX

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 only if applicable and check only 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/E	Buyer Bailee/Bailor Licensee/Licensor			
8. OPTIONAL FILER REFERENCE DATA: 89475172 1000740				
1000740				

UCC FINANCING STATEMENT ADDENDUM

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