	FINANCING STATEMENT VINSTRUCTIONS E & PHONE OF CONTACT AT FILER (optional)	1	05/01/2023 12:	08:37 PN	Λ	Fee: \$82
B F-MA	ALL CONTACT AT FILER (optional)					
C. SEND	D ACKNOWLEDGMENT TO: (Name and Address)					
l _{Mi}	ission Bank	Į Į				
	O. Box 317					
Ва	akersfield, CA 93302					
L			THE ABOVE SO	VCE 16 EV	D EII ING OFFICE LISE	ONI V
. DEBT	TOR'S NAME: Provide only one Debtor name (1a or 1b) (u	use exact, full name: do not omit, mod			R FILING OFFICE USE 's name); if any part of the	
	will not fit in line 1b, leave all of item 1 blank, check here	and provide the Individual Debtor in				
	PRGANIZATION'S NAME	ornoration				
	moso Cattle Co., Inc., a California C	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
c. MAILII	NG ADDRESS	CITY		STATE	POSTAL CODE	COUNTR
P.O. 1	Box 487	Chiloquin		OR	97624	USA
l	ompson	David	····	L.		
	NG ADDRESS Box 487	Chiloquin		OR	97624	USA
. SECU	JRED PARTY'S NAME (or NAME of ASSIGNEE of ASS		only one Secured Party name	ne (3a or 3t	<u> </u>	
	ORGANIZATION'S NAME					
ומא	ssion Bank	FIRST PERSONAL N	AA4E	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
30. 114	NOTIFICAL S SOCIAMIE	FIRST PERSONAL IN	HIVIE	ADDITIO	VAL IVANIE(S)/INTTIAL(S)	JOHNA
1	NG ADDRESS	CITY		STATE	POSTAL CODE	COUNTR
c. MAILIN	Box 317	Bakersfield		CA	93302	USA

840011