JCC FINANCING STATEMENT			2023-005536 Klamath County, Orego 07/05/2023 03:30:02 PM Fee: \$87.00	
OLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional)				
A. NAME & FRONE OF CONTACT AT FILER (Optional)				
B. E-MAIL CONTACT AT FILER (optional)				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
Г	\neg		4.	
Craft3	'		Th	
PO Box 530233				
Atlanta, GA 30353-0233	,	- 4		
	THE ABO	VE SPACE IS EO	R FILING OFFICE USE	ONI Y
. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (
name will not fit in line 1b, leave all of item 1 blank, check here	and provide the Individual Debtor information in item 10			
1a. ORGANIZATION'S NAME		7		
OR 16. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	LADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
Karrle	Tina	Marie	. , , , , ,	Joorna
c. MAILING ADDRESS	CITY		POSTAL CODE	COUNT
3704 La Marada Way	Klamath Falls	OR	Klamath	USA
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (name will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME	and provide the Individual Debtor information in item 10) of the Financing Sta	atement Addendum (Form L	CC1Ad)
name will not fit in line 2b, leave all of item 2 blank, check here	and provide the Individual Debtor information in item 10	of the Financing Sta	atement Addendum (Form U	SUFFIX
name will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME	and provide the Individual Debtor information in item 10) of the Financing Sta	atement Addendum (Form L	CC1Ad)
name will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS . SECURED PARTY'S NAME (or NAME of ASSIGNEE OF	and provide the Individual Debtor information in item 10 FIRST PERSONAL NAME CITY	of the Financing Standard ADDITION STATE	NAL NAME(S)/INITIAL(S)	CC1Ad)
name will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS . SECURED PARTY'S NAME (or NAME of ASSIGNEE OF	and provide the Individual Debtor information in item 10 FIRST PERSONAL NAME CITY	of the Financing Standard ADDITION STATE	NAL NAME(S)/INITIAL(S)	SUFFIX
name will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS . SECURED PARTY'S NAME (or NAME of ASSIGNEE OF	and provide the Individual Debtor information in item 10 FIRST PERSONAL NAME CITY	ADDITION STATE Parly name (3a or 3b)	NAL NAME(S)/INITIAL(S)	SUFFIX
name will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS . SECURED PARTY'S NAME (or NAME of ASSIGNEE OF	and provide the Individual Debtor information in item 10 FIRST PERSONAL NAME CITY SIGNOR SECURED PARTY): Provide only one Secured I	ADDITION STATE Parly name (3a or 3b)	NAL NAME(S)/INITIAL(S)	SUFFIX COUNT
name will not fit in line 2b, leave all of item 2 blank, check here 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME c. MAILING ADDRESS . SECURED PARTY'S NAME (or NAME of ASSIGNEE OF	and provide the Individual Debtor information in item 10 FIRST PERSONAL NAME CITY SIGNOR SECURED PARTY): Provide only one Secured I	ADDITION STATE Parly name (3a or 3b)	NAL NAME(S)/INITIAL(S)	SUFFIX COUNT

Finastra 555 SW Morrison, Suite 300, Portland, OR 97204-1440

EP-26534

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS				
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; because Individual Debtor name did not fit, check here	; if line 1b was left blank	1		
9a. ORGANIZATION'S NAME		-		
		-		
OR 9b. INDIVIDUAL'S SURNAME		1	Th	
Karrle				
FIRST PERSONAL NAME		1	. 1	
Tina				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	. //	- N	
Marie		THE ABOVE SPACE	IS FOR FILING OFFICE	USE ONLY
10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name do not omit, modify, or abbreviate any part of the Debtor's name) and enter the				
10a. ORGANIZATION'S NAME	- A /			
OR 10b. INDIVIDUAL'S SURNAME	6			
INDIVIDUAL'S FIRST PERSONAL NAME	XX			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		•	- 16	SUFFIX
10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
11. ADDITIONAL SECURED PARTY'S NAME or ASSIG	NOR SECURED PARTY	"S NAME: Provide only one	name (11a or 11b)	
11a. ORGANIZATION'S NAME	INOTE GEODILED 174111	C TW WIE. TTOVICE ONLY GITE	name (11a of 11b)	
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDIT	ONAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):		<u>ا ر</u>		
13. $\boxed{\textbf{X}}$ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATE covers timber to be		d collateral X is filed as a	a fixture filing
15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	16. Description of real estate LOT 16 IN BLO TO SUNSET VII THEREOF, RECOFFICE OF THE		1108 - SEVENTH NG TO THE OFFI UME 20, PAGE RK OF KLAMATH	I ADDITION ICIAL PLAT 36 IN THE
17. MISCELLANEOUS:				