2023-005845 Klamath County, Oregon



FOLLOW NETRUCTIONS (frost and based) CARREPLLY 07/14/2023 10:34:97 AM Fee: \$92,00 ANME BY HIGH OF CONTRACT AT FILE (Replacional) Loan Servicing 800 562 5515 EXT 8928 B. SEND ACROSCORD CONTROL TO (Name and Address) Requested by and return to: Salal Credit Union P.O. Box 75029 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY In INTIAL PRINCIPOR STATEMENT FILE Y 2023-002710 Loan STATEMENT FILE Y 2023-002710 In Intial PRINCIPOR STATEMENT FILE Y 2023-00271	UCC FINANCING STATEMENT AMENDMENT		00317291202300058450010012			
A NAME & PHONE OF CONTACT AT FILER (optional) Loan Servicing 800 805 2515 EXT 8928 B. SEND ACKNOWLEDGMENT TO. (Name and Address) Requested by and return to: Solal Credit Union P.O. Box 75029 Scattle, W.A. 98175-0029 **THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY Is INITIA. PRIMATION STATEMENT FILE #* 2023-002710 **In INITIA. PRIMATION STATEMENT FILE #* 2023-002710 *		IENI	07/14/2023 10	:34:07 AM	Fee: \$82.00	
RESERVA ACKNOWLEGGMENT TO. (Name and Address) Requested by and return to: Salal Credit Union P.O. Box 75029 Scattle, W.A. 98175-0029 **THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY Is BRITAL FINANCING STATEMENT FILE # 2023-002710 **THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY Is BRITAL FINANCING STATEMENT FILE # 2023-002710 **THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY Is BRITAL FINANCING STATEMENT FILE # 2023-002710 **THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY Is BRITAL FINANCING STATEMENT FILE # 2023-002710 **THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY Is BRITAL FINANCING STATEMENT ARKNOWLY IN A PROMOTED STATEMENT ARKNOWLY IN A			0171112020 10			
Requested by and return to: Salal Credit Union P.O. Box 75029 In India, Truncions STATEMENT FILE # 2023-002710 It is India, Truncions STATEMENT FILE # 2	Loan Servicing 800 562 5515 EXT 8928					
Salai Credit Union P.O. Box 75029 Scattle, WA 98175-0029 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1.5. NRIFAL FINANCING STATEMENT FILE # 20.23-002710 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1.5. NRIFAL FINANCING STATEMENT AMENOMENT IS 20.23-002710 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1.5. NRIFAL FINANCING STATEMENT AMENOMENT IS 20.23-002710 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1.5. NRIFAL FINANCING STATEMENT AMENOMENT IS 20.23-002710 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1.5. NRIFAL FINANCING STATEMENT AMENOMENT IS 20.23-002710 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1.5. NRIFAL FINANCING STATEMENT AMENOMENT IS 3. MENDMENT CREATE INFORMATION: The Amendment Information	B. SEND ACKNOWLEDGMENT TO: (Name and Address)					
Salai Credit Union P.O. Box 75029 Scattle, WA 98175-0029 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1.5. NRIFAL FINANCING STATEMENT FILE # 20.23-002710 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1.5. NRIFAL FINANCING STATEMENT AMENOMENT IS 20.23-002710 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1.5. NRIFAL FINANCING STATEMENT AMENOMENT IS 20.23-002710 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1.5. NRIFAL FINANCING STATEMENT AMENOMENT IS 20.23-002710 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1.5. NRIFAL FINANCING STATEMENT AMENOMENT IS 20.23-002710 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1.5. NRIFAL FINANCING STATEMENT AMENOMENT IS 3. MENDMENT CREATE INFORMATION: The Amendment Information	l					
P.O. Box 75029 Scattle, WA 98175-0029 Scattle, WA 98175-0029 Scatt	•	1				
Seattle, WA 98175-0029 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1s. INITIAL TINANCING STATEMENT FILE # 2023-002710 The PRINCE Clinical Association of the Princeton Statement Identified above in service of the Statement Identified above in service of the Princeton Statement Identified above in service of the Princeton Statement Identified above in service of the Statement Identified above in service Ide				- 4		
THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1s. INITIAL FINANCING STATEMENT FILE # 20.23-00.2710 2. TERMINATION: Effectiveness of the Financing Disterioral identified above in terminated with respect to security interestly. (**) Secured risky in creating interesting the secure of the financing Disterioral identified above with respect to security interestly. (**) Secured risky autility into the continued for the additional printing flowed continued flowed continued flowed to additional printing flowed continued flowed con	11012011002			7		
State This Print Print This Print Print This Prin	Seattle, WA 98175-0029			- 1		
State This Print Print This Print Print This Prin	l .	j				
PRINCE PRINCE STATEMENT FILLS	l L				h	
2023-002710 To be led for process for recorded) in the financing Statement dended above is terminated with respect to security interestity of the Secure E-my authoriting the Termination Statement.	A MITTAL FINANCING OTATEMENT FILE #		THE ABOVE SPACE			
2. TERMINATION. Effectiveness of the Financing Statement identified above in terminates with respect to security interest(s) of the Securical Party authorizing this Termination Statement is continued for the additional period provided by applicated by. 4. ASSIGNMENT (full or partial). Give name of assigner in term 7 or 17 and address of assigner in term 7 or 17 and address of assigner in term 7 or 18 and address of assigner in termination address			- V			
3. ONTRIBUATION. Efficiences of the Financing Statement Identified above with respect to security interestical or mes Secured Party authorizing this Continuation Statement is continued for the additional genided provided by applicable law. 4. ASSIGNMENT full or partial). Give name of assignee in nem 7a or 7b and additions of assignee in nem 7a, and also give name of assignee in term 8. 5. AMENDMENT (PARTY INFORMATION): The Amendment affects Debtor or Description of the following the nember does and provide appoints information in terms of a security party of record. Check only day of these two boxes. AND check one of the following the nember debtes of a party in record in terms of a security party of record. Check only day of these two boxes. AND check one of the following the nember debtes of a party in record in terms of a continuation of the nember debtes of a party in record in terms of an ordinary of the nember of the continuation of the nember debtes of a party in record in terms of a continuation of the nember debtes of a party in record in terms of an ordinary of the nember of the continuation				المراكب المستشفية والمستبية		
ASSIGNMENT (Indicripantial) Give name of assignmen intern 7a or 7b and address of assignmen intern 5. Indiaho give name of assignmen intern 9.	<u> </u>					
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor Sequilis Party of record. Check only gigle of these two boxes. Also check gigs of the following three boxes again provide appropriate information in ident it and/or CHANGE place and/or address again provide appropriate information in ident it and control and/or CHANGE place and/or address and approved appropriate information in ident it and/or and/		led above with respect to sec	urity interest(s) of the Secured F	Party authorizing this Continu	ation Statement is	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor Securia Party of record. Check only only of these two boxes. Also check ging of the following three boxes and provide appropriate promotion in viteral 5 and/or 2. Also check ging of the following three boxes and provide appropriate information in viteral 5 and/or 2. Also check ging of the following three boxes and provide appropriate information in viteral 5 and/or 2. CHANCE forms and/or address fleates electrothe-cellular forms from the complete intern 7 are 70, and also other 7c, in complete intern 7 are 70, and also other 7c, in complete intern 7 are 70, and also other 7c, in complete intern 7 are 70, and also other 7c, in complete intern 7 are 70, and also other 7c, in complete intern 7 are 70, and also other 7c, in complete intern 7 are 70, and also other 7c, in complete intern 7 are 70, and also other 7c, in complete intern 7 are 70, and also other 7c, in complete intern 7 are 70, and also other 7c, in complete intern 7 are 70, and also other 7c, in complete intern 7 are 7c, and also other 7c, in complete intern 7 are 7c, and also other 7c, in complete intern 7c, and also other 7c, in and also other 7c, in complete intern 7c, and also other 7c, in and also other 7c, in complete intern 7c, and also other 7c, in	4. ASSIGNMENT (full or partial). Give name of assignee in item 7a or	7b and address of assignee in	item 7c; and also give name of a	assignor in item 9.		
Also check age of the following three boxes and provide appropriate information in items, B. usafior 7. CHANGE manual note address. Phase sets to the detailed instructions Bit is a chiefed in nem 6s or 6s. CURRENT RECORD INFORMATION Sa, ORGANIZATION'S NAME OR So, INDIVIDUAL'S LAST NAME BUSH GEORGE FIRST NAME FIRST NAME FIRST NAME FIRST NAME FIRST NAME FIRST NAME OR To, INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME FIRST NAME FIRST NAME FIRST NAME OR To, INDIVIDUAL'S LAST NAME FIRST NAME OR To, INDIVIDUAL'S LAST NAME FIRST NAME						
In the good sochaming the named address of a party. In the process of the control of the process of the pro	•			_		
See INDIVIDUAL'S LAST NAME SUFFIX BUSH GEORGE TO INDIVIDUAL'S LAST NAME SUFFIX BUSH GEORGE TO INDIVIDUAL'S LAST NAME SUFFIX TO MAILING ADDRESS TO INDIVIDUAL'S LAST NAME SEEINSTRUCTIONS ADD LIN OR TO THE TO THE TOWN OR ADDRESS TO INDIVIDUAL'S LAST NAME SUFFIX TO MAILING ADDRESS TO INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX STATE POSTAL CODE COUNTRY TO STATE POSTAL CODE COUNTRY NONE S. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral Selected or Selected or Selected or Selected Collateral description or describe collateral Selected Collateral	CHANGE name and/or address: Please refer to the detailed instructions	DELETE name:	Give record name	ADD name: Complete item	n 7a or 7b, and also item 7c; (if annlicable)	
OR 56. INDIVIDUAL'S LAST NAME		to de deleted in	Retir da ci db.	also complete items 76-19	(парысамо),	
BUSH 7. CHANGED (NEW) OR ADDED INFORMATION 7. ORGANIZATION SNAME 7. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX STATE POSTAL CODE COUNTRY 7. ORGANIZATIONAL ID #, if any COUNTRY 7. AMENDMENT (COLLATERAL CHANGE): check only gine box. Describe collateral deleted or added, or give entire restated collateral description or describe collateral assigned. 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debto. Or if this is a Termination authorized by a Debtor check here and enter name of DEBTOR authorizing this Amendment. 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor. Or if this is a Termination authorized by a Debtor check here are of DEBTOR authorizing this Amendment. 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor. Or if this is a Termination authorized by a Debtor check here are of DEBTOR authorizing this Amendment. 9. ORGANIZATION STAME Salal Credit Union 9. INDIVIDUAL'S LAST NAME MIDDLE NAME SUFFIX	6a, ORGANIZATION'S NAME	75.	-			
BUSH GEORGE BUSH 7. CHANGED (NEW) OR ADDED INFORMATION 7. ORGANIZATION SNAME 7. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX STATE POSTAL CODE COUNTRY 7. SEEINSTRUCTIONS ADD. IN TO RE TO, TYPE OF ORGANIZATION PERTOR ADD. IN TO RE TO, TYPE OF ORGANIZATION PERTOR ADD. IN TO RE TO, TYPE OF ORGANIZATION PERTOR ADD. IN TO RE TO, TYPE OF ORGANIZATION 7. JUNISPICTION OF ORGANIZATION 7. JUNISPICTION OF ORGANIZATION 7. ORGANIZATIONAL ID III, If any NONE 8. AMENDMENT (COLLATERAL CHANGE): check only gine box. Describe collateral deleted or d	0.0	77. 7				
7. CHANGED (NEW) OR ADDED INFORMATION 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX 7c. MAILING ADDRESS OTTY STATE POSTAL CODE COUNTRY 7d. SEEINSTRUCTIONS ADDLINFO RE 7c. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or adjued, or give entire restated collateral description or describe collateral assigned. 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME Salal Credit Union Bis. INDIVIDUAL'S LAST NAME MIDDLE NAME SUFFIX	OD. INDIVIDUAC S EAST NAME		7	MIDDLE NAME	l l	
75. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME MIDDLE NAME SUFFIX 76. INDIVIDUAL'S LAST NAME FIRST NAME FIRST NAME MIDDLE NAME STATE POSTAL CODE COUNTRY 76. SEEINSTRUCTIONS ADDLINGO RE GROANIZATION CORGANIZATION CORGANIZATION POSTAL CODE COUNTRY 76. ORGANIZATION 77. ORGANIZATIONAL ID #. if any CODE NONE 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or adject, or give entire restated collateral description or describe collateral assigned. 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment Sa, ORGANIZATION NAME Salal Credit Union So, INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX	BUSH	GEORGE			JR	
OR 75. INDIVIDUAL'S LAST NAME FIRST NAME SUFFIX 76. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 76. SEE INSTRUCTIONS ADDRESS To, TYPE OF ORGANIZATION To, JURISDICTION OF ORGANIZATION To, ORGANI		10.1				
76. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 76. SEEINSTRUCTIONS ADD LINFO RE 76. TYPE OF ORGANIZATION 76. JURISDICTION OF ORGANIZATION 77. ORGANIZATIONAL ID #. if any ORGANIZATION DEBTOR 8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description or describe collateral assigned. 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME SAIAI Credit Union 9b. INDIVIDUAL'S LAST NAME MIDDLE NAME SUFFIX	7a. ORGANIZATION'S NAME			—		
7c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 7d. SEEINSTRUCTIONS ADD LINFO RE 76, TYPE OF ORGANIZATION OBSTORM 77, JURISDICTION OF ORGANIZATION 78, ORGANIZATIONAL ID #, if any ORGANIZATION OBSTORM ORGANIZATION OBSTORM ON OBSTORM OBSTOR	OR Th INDIVIDUAL'S LAST NAME	FIRST NAME		IMIDDLE NAME	SUFFIX	
7d. SEEINSTRUCTIONS ADD LINFO RE ORGANIZATION OF ORGANIZATION	78. INDIVIDUAL O EAST NAME	I INSTITUTE		WILDEL HAWLE	The state of the s	
7d. SEEINSTRUCTIONS ADD LINFO RE ORGANIZATION OF DRGANIZATION	7c. MAILING ADDRESS	CITY	\sim	STATE POSTAL CODE	COUNTRY	
8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description or describe collateral assigned. 9. NAME of SECURED PARTY of RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME Salal Credit Union 9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX			/ 1			
8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description or describe collateral assigned. 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME Salal Credit Union 9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX	7d. SEE INSTRUCTIONS ADD'L INFO RE 7e. TYPE OF ORGANIZATI	ION 7f. JURISDICTION	OF ORGANIZATION	7g. ORGANIZATIONAL ID #	t, if any	
8. AMENDMENT (COLLATERAL CHANGE): check only one box. Describe collateral deleted or added, or give entire restated collateral description or describe collateral assigned. 9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME Salal Credit Union 9b. INDIVIDUAL'S LAST NAME MIDDLE NAME SUFFIX			\	-	∏ _{NONE}	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME Salal Credit Union 9b. INDIVIDUAL'S LAST NAME MIDDLE NAME SUFFIX					INONE	
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a. ORGANIZATION'S NAME Salal Credit Union 9b. INDIVIDUAL'S LAST NAME SUFFIX		collateral description or des	cribe collateral assigned.			
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a, ORGANIZATION'S NAME						
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a, ORGANIZATION'S NAME						
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a, ORGANIZATION'S NAME						
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a, ORGANIZATION'S NAME						
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a, ORGANIZATION'S NAME						
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a, ORGANIZATION'S NAME						
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a, ORGANIZATION'S NAME						
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a, ORGANIZATION'S NAME						
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a, ORGANIZATION'S NAME						
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. 9a, ORGANIZATION'S NAME						
OR Salal Credit Union 9b. INDIVIDUAL'S LAST NAME Suffix Suffix				•	•	
OR Salal Credit Union 9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX		tnorized by a Debtor, check he	and enter name of DEB	I OR authorizing this Amendm	ent	
	OR SAIR CREDIT UNION 9b. INDIVIDUAL'S LAST NAME	FIRST NAME		MIDDLE NAME	ISUFFIX	
10 OPTIONAL FILER REFERENCE DATA	S. MONISONE S ENGINARIE	INST INNIE		WINDSEL WANTE	001112	
	10, OPTIONAL FILER REFERENCE DATA	<u> </u>				