				2023-006 Klamath Coun 07/21/2023 12:59:0 Fee: \$87.00	ty, Orego
	C FINANCING STATEMENT OW INSTRUCTIONS		l	***************************************	
A. N	AME & PHONE OF CONTACT AT FILER (optional	)			
B. E-	MAIL CONTACT AT FILER (optional)				
C. SF	END ACKNOWLEDGMENT TO: (Name and Addr	'ess)			
Г	_	$\neg \bot$		46.	
	Craft3	'			
	PO Box 530233				
	Atlanta, GA 30353-0233	.			
L	_		THE ABOVE SPACE IS	FOR FILING OFFICE U	SE ONLY
1. DE	EBTOR'S NAME: Provide only one Debtor name (1a o	or 1b) (use exact, full name; do not omit, mo			
	me will not fit in line 1b, leave all of item 1 blank, check he		nformation in item 10 of the Financin		
18	a. ORGANIZATION'S NAME				
OR I	b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	JAME JADE	DITIONAL NAME(S)/INITIAL(S	)
	De Witt	Edward		ody	,
	AILING ADDRESS	CITY	STA		COUNT
338	829 Golden Meadow Rd	Chiloquin	OI	R 97624	USA
DR 21	b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	NAME ADD	OITIONAL NAME(S)/INITIAL(S	S) SUFFIX
2c. M/	AILING ADDRESS	CITY	STA	TE POSTAL CODE	COUNT
		<b>\</b> <i>I</i>			
	CURED PARTY'S NAME (or NAME of ASSIGNEE	of ASSIGNOR SECURED PARTY): Provide	only one Secured Party name (3a	or 3b)	
	a. ORGANIZATION'S NAME  Craft3			, -	
	b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	NAME ADD	PITIONAL NAME(S)/INITIAL(S	S) SUFFIX
			1 7 7		
3c M:	AILING ADDRESS	CITY	STA	TE POSTAL CODE	COUNT
JO. 1917	7th Street, Suite 100	Astoria	OI	R 97103	USA

EP-26882

## **UCC FINANCING STATEMENT ADDENDUM**

FOLLOW INSTRUCTIONS			
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing	g Statement; if line 1b was left blank		
because Individual Debtor name did not fit, check here			
9a. ORGANIZATION'S NAME			
OR 9b. INDIVIDUAL'S SURNAME			
De Witt			
FIRST PERSONAL NAME			
Edward			
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
Cody		THE ABOVE SPACE IS FOR FILING OFFICE	ELICE ONLY
DEBTOR'S NAME: Provide (10a or 10b) only one additional D	Pohtor name or Dohtor name that did not fit in I		
do not omit, modify, or abbreviate any part of the Debtor's name) a		inter to or 25 or the Financing Statement (Form Goot) (da	se exact, full flame,
10a. ORGANIZATION'S NAME			
	//		
10b. INDIVIDUAL'S SURNAME	47. 1	4.7	
		. 3	
INDIVIDUAL'S FIRST PERSONAL NAME			
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)			SUFFIX
	~ / / '		
0c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
	7 AGGIGNED GEGUSED DARFING	NIME -	
11. ADDITIONAL SECURED PARTY'S NAME or 11a. ORGANIZATION'S NAME	_ ASSIGNOR SECURED PARTY'S	NAME: Provide only one name (11a or 11b)	
Tra. Officiality of travile			
DR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
	,	7.75	
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):		3 %	
	4		
13. X This FINANCING STATEMENT is to be filed [for record] (or record). REAL ESTATE RECORDS (if applicable).	corded) in the 14. This FINANCING STATEM	MENT:	
	covers timber to be cu	ut covers as-extracted collateralX is filed as	a fixture filing
<ol><li>Name and address of a RECORD OWNER of real estate described (if Debtor does not have a record interest):</li></ol>		20, TRACT 1113, OREGON SHOR	ES LINIT #2
		official plat thereof on file in the	
		Klamath County, Oregon. Asses	
	Number: R24281		
7. MISCELLANEOUS:			
7. WIGUELLANEUUS.			