2023-008574Klamath County, Oregon

10/03/2023 08:34:01 AM

Fee: \$107.00

CC FINANCING STATEMENT			
DLLOW INSTRUCTIONS			
. NAME & PHONE OF CONTACT AT FILER (optional)			
	901 AGODAN		
E-MAIL CONTACT AT FILER (optional) southern@ffb.com			
SEND ACKNOWLEDGMENT TO: (Name and Address)	70+40-40-40-40-40-40-40-40-40-40-40-40-40-4		
. SEND ACKNOWLEDGMENT TO. (Name and Address)	_		
First Fidelity Bank			
P.O. Box 32282			
Oklahoma City, OK 73123			
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<u> </u>	— -	ABOVE SPACE IS FOR FILING OFFICE USE	ONLY
1a. ORGANIZATION'S NAME Klamath Falls Sonic LLC			
Klamath Falls Sonic, LLC 1b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
Klamath Falls Sonic, LLC 1b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		
Klamath Falls Sonic, LLC 1b INDIVIDUAL'S SURNAME MAILING ADDRESS		ADDITIONAL NAME(S)/INITIAL(S) STATE POSTAL CODE WA 98332	
Klamath Falls Sonic, LLC 1b INDIVIDUAL'S SURNAME MAILING ADDRESS 608 Beachwood Drive NW DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use	CITY Gig Harbor e exact, full name; do not omil, modify, or abbrevis	STATE POSTAL CODE WA 98332 ale any part of the Debtor's name); if any part of the I	COUNTRY USA
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All Inventory, Chattel Paper, Accounts, Equipment and General Intangibles; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing.

ICC FINANCING STATEMENT OLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional)	*			
E-MAIL CONTACT AT FILER (optional)				
southern@ffb.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
First Fidelity Bank	1			
P.O. Box 32282 Oklahoma City, OK 73123				
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	THE AB	OVE SPACE IS FO	OR FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use name will not fit in line 1b, leave all of item 1 blank, check here and one of the fit in line 1b, leave all of item 1 blank, check here are named to the fit in line 1b, leave all of item 1 blank, check here are not not not fit in line 1b, leave all of item 1 blank, check here.	exact, full name, do not omit, modify, or abbreviate d provide the individes: Debtor information in item 1	any part of the Debto	r's name); if any part of the I	ndividual Deb
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25. INDIVIOUAL'S SURNAME MAILING ADDRESS	FIRST PERSONAL NAME		MAL NAME(S):INITIAC(S) POSTAL CODE	SUFF X
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First Fidelity Bank				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAI NAME(S)/INITIAL(S)	SUI FIX
. MAILING ACCRESS	GITY	STATE	POSTAL CODE	COUNTRY
16435 N Scottsdale Road , Suite 150	Scottsdale	AZ	85254	USA
All of debtor's fixtures now existing or heres ocated at: 5419 S 6th Street, Klamath Falls LC.				
Check only if applicable and check only one box. Collateral is Theld in	n a Trust (see UCC1Ad, item 17 and Instructions)	being administe	réd by a Decedent's Personi	I Representa
	a Trust (see UCC1Ad, item 17 and Instructions)		red by a Decedent's Persons if applicable and check only	
Check only if applicable and check only one box. Collateral is held in Check only if applicable and check only one box. Public-Finance Transaction Manufactured-Home TransactALTERNATIVE DESIGNATION (if applicable).		6b. Check only	if applicable and check only tural Lien Non-UCC	one box.

FOLLOW INSTRUCTIONS 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debter name did not fit, check here 9a. ORGANIZATION'S NAME Klamath Falls Sonic, LLC OR 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Dabtor's name) and enter the mailing address in line 10c 10a, ORGANIZATION'S NAME OR 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY 11. ADDITIONAL SECURED PARTY'S NAME OF ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME OR 115. INDIVIDUAL'S SURNAME FIRST PERSUNAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MA:LING ADDRESS POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 14. This FINANCING STATEMENT: covers timber to be cut covers as-extracted collateral is filed as a fixture filing 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest). PARCEL 1 Klamath Fails Sonic, LLC 9608 Beachwood Drive NW The North 75 feet of Tracts 1 and 2, PLEASANT HOME TRACTS Gig Harbor, WA 98332 NO. 2, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon. PARCEL 2 The Southerly 125.0 feet of Tracts 1 and 2 of PLEASANT HOME TRACTS NO. 2, according to the official plat thereof on file in the office of the County Clerk of Klamath County. 17. MISCELLANEOUS: Finastra 1320 SW Broadway, Suite 100, Portland, OR FILING OFFICE COPY - UCC FINANCING STATEMENT ADDENDUM (Form UCC1Ad) (Rev. 04/20/11)

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Klamath Falls Sonic, LLC					
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Debtor does not have a record interest):	16. Description of real estate:				_
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FOLLOW INSTRUCTIONS

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0c MAILING ADDRESS	CITY	STATE POSTA, CODE	COUNTRY	
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OR 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	Accessonal valisty Amses	SUFFIX	
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5. Name and address of a RECORD OWNER of real estate described in item 16 (If Debtor does not have a record interest). Klamath Falls Sonic, LLC 9608 Beachwood Drive NW Gig Harbor, WA 98332	ALSO EXCEPTING THEREFROM all that portion conveyed the State of Oregon, by and through its Department Transportation by Warranty Deed recorded December 3, 2 in Volume 2019-014021, Microfilm Records of Klamath Couloregon.			
7. MISCELLANEOUS.			33	