



11/09/2023 10:47:16 AM

Fee: \$82.00

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]  
**Funding Group 206.298.9394 ext 8903**

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Recording requested by and return to:  
**Salal Credit Union**  
**PO Box 75029**  
**Seattle, WA 98175-0029**

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME

OR

1b. INDIVIDUAL'S LAST NAME <b>CASSIDY</b>	FIRST NAME <b>JOSHUA</b>	MIDDLE NAME	SUFFIX
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1c. MAILING ADDRESS  
**6803 SHASTA WAY**

CITY <b>KLAMATH FALLS</b>	STATE <b>OR</b>	POSTAL CODE <b>97603-5275</b>	COUNTRY <b>USA</b>
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1d. SEE INSTRUCTIONS

ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE
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2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names

2a. ORGANIZATION'S NAME

OR

2b. INDIVIDUAL'S L	FIRST NAME	MIDDLE NAME	SUFFIX
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2c. MAILING ADDRESS

CITY	STATE	POSTAL CODE	COUNTRY
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2d. SEE INSTRUCTIONS

ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE
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3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME  
**Salal Credit Union**

OR

3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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3c. MAILING ADDRESS  
**PO Box 75029**

CITY <b>Seattle</b>	STATE <b>WA</b>	POSTAL CODE <b>98175-0029</b>	COUNTRY <b>USA</b>
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4. This FINANCING STATEMENT covers the following collateral:  
**Roof**  
**American Harvest Monarch Black Roof, Black Flashing, GAF Weather Stopper System, As Per DABella**

Parcel Number: **R454216**  
 Legal Description: **Lot 1, Block 5, SECOND ADDITION TO MOYINA, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.**

**Klamath**  
**6803 SHASTA WAY, KLAMATH FALLS, OR 97603-5275**  
 Fixture Filing

5. ALTERNATIVE DESIGNATION [if applicable]:  LESSEE/LESSOR  CONSIGNEE/CONSIGNOR  BAILEE/BAILOR  SELLER/BUYER  AG. LIEN  NON-UCC FILING

6.  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable]

7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [OPTIONAL FEE]  All Debtors  Debtor 1  Debtor 2 [optional]

8. OPTIONAL FILER REFERENCE DATA  
**268366**