2023-011020

Klamath County, Oregon

12/28/2023 08:34:02 AM

Fee: \$87.00

FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT FILER (optional)				
B. E-MAIL CONTACT AT FILER (optional)				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
Craft3	7			
PO Box 530233				
Atlanta, GA 30353-0233				
1	1			
			OR FILING OFFICE USE	
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	(use exact, full name; do not omit, modify, or abbreven and provide the Individual Debtor information in it			
1a. ORGANIZATION'S NAME				
Klamath Florence I LLC				
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS 211 Ridgecrest Dr	Klamath Falls	STATE OR	97601	COUNTRY
2. 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	and provide the Individual Debtor information in it			
2a. ORGANIZATION'S NAME	=			
R OL INDIVIDUALIS SUDMANT				
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
. WALING ADDICESS	Sitt 1	SIAIL	TOSTAL CODE	COOMIN
S. SECURED PARTY'S NAME (or NAME of ASSIGNEE of AS	SIGNOR SECURED PARTY): Provide only one Ser	cured Party name (3a or 3	b)	
3a. ORGANIZATION'S NAME	<u> </u>	out of the state o		
Craft3				
3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S) SUFFIX	
Ic. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
42 7th Street, Suite 100	Astoria	OR	97103	USA
. COLLATERAL: This financing statement covers the following co				
All Fixtures; whether any of the fore replacements, and substitutions relating foregoing.	g to any of the foregoing; all			
18 Nevada Ave, Klamath Falls OR 97601				
Buena Vista Addition BLK-54 LOT-2 & 3	POR			
Tax account no. 442248				
	held in a Trust (see UCC1Ad, item 17 and Instruction	·	ered by a Decedent's Perso	-
a. Check <u>only</u> if applicable and check <u>only</u> one box:		6b. Check only	if applicable and check only	y one box:
5. Check only if applicable and check only one box: Collateral is  a. Check only if applicable and check only one box:  Public-Finance Transaction	Transaction A Debtor is a Transmitting Uti	6b. Check only	if applicable and check <u>onl</u>	

**UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS** 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here [ 9a. ORGANIZATION'S NAME Klamath Florence I LLC OR 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 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 Debtor'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 STATE POSTAL CODE COUNTRY CITY ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS CITY STATE 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 14. This FINANCING STATEMENT: REAL ESTATE RECORDS (if applicable) X is filed as a fixture filing covers timber to be cut covers as-extracted collateral 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): 18 Nevada Ave, Klamath Falls OR 97601 **Buena Vista Addition BLK-54 LOT-2 & 3 POR** 

Tax account no. 442248

17. MISCELLANEOUS: