			C0A2			2024-0 Klamath Co 03/18/2024 10: Fee: \$87.00	ounty, C
	INANCING STAT	EMENT					
A. NAME	& PHONE OF CONTACT /	AT FILER (optional)					
B. E-MAIL	CONTACT AT FILER (opt	tional)					
C. SEND	ACKNOWLEDGMENT TO:	: (Name and Address)					
$\overline{}$			$\neg$ I				
<sup>I</sup> Cra			'				
	Box 530233	100					
Aut	anta, GA 30353-02	33	, 1				
L			<b>⊿  </b>	THE ARO	VE SPACE IS FO	R FILING OFFICE USE	ONLY
name wil	DR'S NAME: Provide only only only only only only only only	one Debtor name (1a or 1b) (use extem 1 blank, check here and p				's name); if any part of the In atement Addendum (Form UC	
R 1h INC	IVIDUAL'S SURNAME		FIRST PERSONAL	NAME	Δηνιτίο	NAL NAME(S)/INITIAL(S)	SUFFIX
Trac			Tracy	INAME	May	NAL NAME(O)/INTTAL(O)	COUNTR
	G ADDRESS		CITY		STATE	POSTAL CODE	
7812 F	Reeder Rd		Klamath F	alls	OR	97603	USA
Tra	•		Jeffrey CITY		Erne	NAL NAME(S)/INITIAL(S)  St  POSTAL CODE	
2c. MAILING ADDRESS 7812 Reeder Rd			Klamath Falls			97603	COUNTR
. SECUF	RED PARTY'S NAME (or	NAME of ASSIGNEE of ASSIGNOR	R SECURED PARTY): Prov	de only <u>one</u> Secured F	arty name (3a or 3b	o)	
3a. OR Cra	GANIZATION'S NAME						
	IVIDUAL'S SURNAME		FIRST PERSONAL	NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
30. INDIVIDUAL 3 SURIVAIVIE			THO TENSON ENVIOLE			TATE TO TWEE (O)/THAT THE (O)	OGITIX
	G ADDRESS		CITY		STATE	POSTAL CODE	COUNTR
42 7th	Street, Suite 100		Astoria		OR	97103	USA
42 7th COLLA Septic	Street, Suite 100 FERAL: This financing statem system repair or I	nent covers the following collateral: replacement at 7812 ription: TWP 39 RNG	Astoria Reeder Rd, Klan		OR 97603	97103	

SP-27665

FILING OFFICE COPY — UCC FINANCING STATEMENT (Form UCC1) (Rev. 04/20/11)

Finastra 555 SW Morrison, Suite 300, Portland, OR 97204-1440

## **UCC FINANCING STATEMENT ADDENDUM**

FOLLOW INSTRUCTIONS									
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if because Individual Debtor name did not fit, check here	line 1b was left blank								
9a. ORGANIZATION'S NAME									
OR									
9b. INDIVIDUAL'S SURNAME									
Tracy FIRST PERSONAL NAME									
Tracy									
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX								
May	GGITIX		THE 400VE	00405					
-	<u> </u>				S FOR FILING OFFICE				
<ol> <li>DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or do not omit, modify, or abbreviate any part of the Debtor's name) and enter the m</li> </ol>			ine ib or 2b or the F	inancing a	statement (Form OCC1) (us	e exact, full name;			
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			
	OR SECURED PA	RTY:	S NAME: Provide o	nly <u>one</u> na	ame (11a or 11b)				
11a. ORGANIZATION'S NAME									
OR HALL INDIVIDUAL IS CUDINAME.									
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME			ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX			
11c. MAILING ADDRESS	OLTY			STATE	POSTAL CODE	COUNTRY			
TIC. MAILING ADDRESS	CITY			SIAIE	POSTAL CODE	COUNTRY			
AS ADDITIONAL ORACE FOR ITEMA (O. H									
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 S	STATE	MENT:						
REAL ESTATE RECORDS (if applicable)	covers timber			avtracted (	collateral X is filed as	a fixtura filina			
15. Name and address of a RECORD OWNER of real estate described in item 16	16. Description of real			EXITACIEU I	Collateral X is filed as	a lixture lilling			
(if Debtor does not have a record interest):	A portion of	f the	NE 1/4 NE	1/4 o	f Section 30, Te	ownship 39			
	South, Rang	ge 1	0 East of the	ne Wil	llamette Meridia	ın, Klamatl			
					rly described				
					th and 30 feet \				
					tions 19, 20, 2				
					of the Willamet				
					South parallel to				
		line common to Sections 29 and 30, 208.71 feet to a point thence Westerly at right angles 208.71 feet; thence Northerly at							
					sterly at right ar	igies 208.7			
17 MISCELLANICOLIS	feet to the pe	OINT	or peginning	L APN	: R0U1931.				