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2024-002334

Klamath County, Oregon

03/28/2024 08:35:02 AM

Fee: \$92.00 UCC FINANCING STATEMENT **FOLLOW INSTRUCTIONS** A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) (212) 906-1200 Lisa Phillips B. E-MAIL CONTACT AT SUBMITTER (optional) lisa.phillips@lw.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) Latham & Watkins LLP 1271 Avenue of the Americas New York, NY 10020 SEE BELOW FOR SECURED PARTY CONTACT INFORMATION THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will and provide the Individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ad) not fit in line 1b, leave all of item 1 blank, check here 1a. ORGANIZATION'S NAME HASCO Holdings, LLC ADDITIONAL NAME(S)/INITIAL(S) 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME SUFFIX 1c. MAILING ADDRESS POSTAL CODE COUNTRY 92867 USA CA 2860 Santiago Boulevard Orange 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will and provide the Individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC1Ad) not fit in line 2b, leave all of item 2 blank, check here 2a, ORGANIZATION'S NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 2b. INDIVIDUAL'S SURNAME IRST PERSONAL NAME COUNTRY 2c. MAILING ADDRESS CITY POSTAL CODE 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME Capital One, National Association, as Agent OR 3b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX FIRST PERSONAL NAME 3c. MAILING ADDRESS POSTAL CODE COUNTRY 22102 Mc Lean VA USA 1680 Capital One Drive 4. COLLATERAL: This financing statement covers the following collateral: This financing statement covers all assets of the Debtor, including fixtures, whether now existing or hereafter arising. Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative 5. Check only if applicable and check only one box: 6a. Check only if applicable and check only one box: 6b. Check only if applicable and check only one box: Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing Public-Finance Transaction Seller/Buyer Bailee/Bailor Licensee/Licensor Lessee/Lessor Consignee/Consignor 7. ALTERNATIVE DESIGNATION (if applicable): 8. OPTIONAL FILER REFERENCE DATA: F#991404

CapitalOne Asset #8039 H&S Asset #3156

056453-0005

A#1354642

FILING OFFICE COPY — UCC FINANCING STATEMENT (Form UCC1) (Rev. 07/01/23)

Filed with: OR - Klamath County

UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS

ME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if li se Individual Debtor name did not fit, check here						
a. ORGANIZATION'S NAME HASCO Holdings, LLC						
b. INDIVIDUAL'S SURNAME						
FIRST PERSONAL NAME						
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	THE ABOV	E CDACE	IS EOD EIL ING OFFICE	LISE ONLY
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0b, INDIVIDUAL'S SURNAME		•				
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	I IOR SECU	RED PARTY'S	NAME: Provide o	nly <u>one</u> nam	e (11a or 11b)	<u> </u>
1b. INDIVIDUAL'S SURNAME	FIRST PER	SONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTR
DDITIONAL SPACE FOR ITEM A (Callatoral).						
DDITIONAL SPACE FOR ITEM 4 (Collateral):	ļ			1		<u> </u>
DDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)		IANCING STATEM		-extracted co	ollateral X is filed as a	fixture filing
	HASCO Holdings, LLC Ib. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) EBTOR'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 mail Oa. ORGANIZATION'S NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS	HASCO Holdings, LLC Ib. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) EBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name the or not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in 0a. ORGANIZATION'S NAME Ob. INDIVIDUAL'S SURNAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) MAILING ADDRESS CITY ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURIAL ORGANIZATION'S NAME 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL SURNAME The control of the debtor's name or Debtor name or Debtor name the control of the Debtor's name) and enter the mailing address in 0a. ORGANIZATION'S NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURIAL ORGANIZATION'S NAME The control of the debtor's name or Debtor name or Debtor name the control of the Debtor's name or Debtor name the control of the Debtor's name or Debtor name or Debtor name the control of the Debtor's name or Debtor name or Debtor name the control of the Debtor's name or Debtor name or Debtor name the control of the Debtor's name or Debtor name	ADDITIONAL NAME BHORING ADDITIONAL NAME CONGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX SUFFIX SUFFIX SUFFIX SUFFIX SUFFIX SUFFIX CONGANIZATION'S NAME CONDITIONAL NAME(S)/INITIAL(S) CONGANIZATION'S NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) ADDITIONAL SECURED PARTY'S NAME ADDITIONAL SECURED PARTY'S NAME ADDITIONAL SECURED PARTY'S NAME ADDITIONAL SECURED PARTY'S NAME INDIVIDUAL'S SURNAME ADDITIONAL SECURED PARTY'S NAME INDIVIDUAL'S SURNAME FIRST PERSONAL NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME FIRST PERSONAL NAME INDIVIDUAL'S SURNAME	A ORGANIZATION'S NAME HASCO Holdings, LLC b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)INITIAL(S) EBTOR'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 Finar or not ornit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c Oa. ORGANIZATION'S NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S) ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide of ta. ORGANIZATION'S NAME ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide of ta. ORGANIZATION'S NAME IN INDIVIDUAL'S SURNAME FIRST PERSONAL NAME	a. ORGANIZATION'S NAME HASCO Holdings, LLC b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) EBTOR'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 Statem on to only middle and part of the Debtor's name) and enter the mailing address in line 10c 0a. ORGANIZATION'S NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S SURNAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) AAILING ADDRESS CITY STATE ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name that one of the Financing Statem on to one of the Financing Statem on th	a. ORGANIZATION'S NAME HASCO Holdings, LLC b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)INITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE EBTOR'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 or not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 0a. ORGANIZATION'S NAME INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S) ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 1a. ORGANIZATION'S NAME ADDITIONAL SECURED PARTY'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)INITIAL(S)

SCHEDULE I

LEGAL DESCRIPTION

Commonly Known as: 2123 Oregon Ave., Klamath Falls, OR 97601

H&S Store No.: 8039 (Old Asset No. 3156)

County: Klamath

APN/Tax Acct No.: 3809-029BC-00400, 3809-029BC-00200, 3809-029BC-00300

The Land referred to herein below in situated in the County of Klamath, State of Oregon, and is described as follows:

PARCEL 1

A PARCEL OF LAND SITUATED IN BLOCK 65, BUENA VISTA ADDITION TO THE CITY OF KLAMATH FALLS, ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMATH COUNTY, OREGON, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT A 1/2" IRON PIN MARKING THE SOUTHWEST CORNER OF SAID BLOCK 65; THENCE NORTH 140.10 FEET TO A 1/2" IRON PIN; THENCE EAST 88.26 FEET TO A 1/2" IRON PIN; THENCE EAST 6.74 FEET TO A 1/2" IRON PIN; THENCE SOUTH 140.10 FEET TO A 1/2" IRON PIN; THENCE WEST 6.74 FEET TO A 1/2" IRON PIN; THENCE WEST 88.26 FEET TO THE POINT OF BEGINNING.

PARCEL 2

THE SOUTHERLY 80 FEET OF LOTS 3 AND 4, BLOCK 65, BUENA VISTA ADDITION TO THE CITY OF KLAMATH FALLS, OREGON, ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK, KLAMATH COUNTY, OREGON. SAVING AND EXCEPTING A STRIP OF ONE FOOT IN WIDTH OFF THE EASTERLY END OF SAID PREMISES HERETOFORE CONVEYED BY THE KLAMATH COUNTY DEVELOPMENT CO. TO THE CITY OF KLAMATH FALLS, OREGON, FOR STREET PURPOSES BY DEED RECORDED IN BOOK 46 AT PAGE 155, DEED RECORDS, OF KLAMATH COUNTY, OREGON. AND LOTS 5 AND 6, BLOCK 65 BUENA VISTA ADDITION TO THE CITY OF KLAMATH FALLS, OREGON, ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK, KLAMATH COUNTY, OREGON. EXCEPTING THEREFROM THE FOLLOWING: BEGINNING AT A 1/2" IRON PIN MARKING THE SOUTHWEST CORNER OF SAID BLOCK 65; THENCE NORTH 140.10 FEET TO A 1/2" IRON PIN; THENCE EAST 8.26 FEET TO A 1/2" IRON PIN; THENCE EAST 6.74 FEET TO A 1/2" IRON PIN; THENCE SOUTH 140.10 FEET TO A 1/2" IRON PIN; THENCE WEST 6.74 FEET TO A 1/2" IRON PIN; THENCE WEST 8.8/26 FEET TO THE POINT OF BEGINNING.