	CC FINANCING STATEMENT			2024-003083 Klamath County, Oregon 04/23/2024 01:03:01 PM Fee: \$87.00		
FOLLOW INSTRUCTIONS A. NAME & PHONE OF CON	NTACT AT FILER (optional)					
B. E-MAIL CONTACT AT FIL	ER (optional)					
C. SEND ACKNOWLEDGME	ENT TO: (Name and Address)					
Γ		$\neg 1$				
Craft3		'				
PO Box 530233 Atlanta, GA 303	53-0233					
	70-0200	1				
L_		THE ABO	OVE SPACE IS FO	R FILING OFFICE USE	ONLY	
		e exact, full name; do not omit, modify, or abbreviate				
	· <u> </u>	and provide the Individual Debtor information in item 1	10 of the Financing Sta	atement Addendum (Form U	CC1Ad)	
1a. ORGANIZATION'S NAME	<u>:</u>					
OR 1b. INDIVIDUAL'S SURNAME	<u> </u>	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX	
Dillon		Douglas	Arthu	ur		
c. MAILING ADDRESS		CITY	STATE POSTAL CODE		COUNT	
C. WAILING ADDRESS				. 001712 0002		
1140 Wild Plum Dr	re all of item 2 blank, check here a	Klamath Falls e exact, full name; do not omit, modify, or abbreviate a und provide the Individual Debtor information in item 1 FIRST PERSONAL NAME Alicia	0 of the Financing Sta	97601 's name); if any part of the Inatement Addendum (Form University of the Inatement Addendum (Form Universi	I dividual De CC1Ad)	
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAMI Dillon c. MAILING ADDRESS	re all of item 2 blank, check here a	Klamath Falls e exact, full name; do not omit, modify, or abbreviate a and provide the Individual Debtor information in item 1 FIRST PERSONAL NAME Alicia CITY	any part of the Debtor 10 of the Financing Sta ADDITIO Mich STATE	97601 's name); if any part of the Inatement Addendum (Form University of the Inatement Addendum (Form Universi	dividual De CC1Ad) SUFFIX	
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Finastra 555 SW Morrison, Suite 300, Portland, OR 97204-1440

EP-27827

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS						
9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financi because Individual Debtor name did not fit, check here	ng Statement; if line 1b was le	ft blank				
9a. ORGANIZATION'S NAME						
OR 9b. INDIVIDUAL'S SURNAME						
Dillon						
FIRST PERSONAL NAME						
Douglas		Lauren				
ADDITIONAL NAME(S)/INITIAL(S) Arthur		SUFFIX				
10. DEBTOR'S NAME: Provide (10a or 10b) only one additional	Aleas alial mass fits in			S FOR FILING OFFICE		
do not omit, modify, or abbreviate any part of the Debtor's name)			iline ib or 2b oi the i	-mancing 5	tatement (Form OCC1) (u:	se exact, full nam
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 or [11a. ORGANIZATION'S NAME	ASSIGNOR SECUP	RED PARTY	S NAME: Provide of	only <u>one</u> na	me (11a or 11b)	
OR 11b. INDIVIDUAL'S SURNAME	FIRST PERS	SONAL NAME	ADDITIONAL NAME(S)/INIT		NAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):						
12. ADDITIONAL SI AGE FORTHEM 4 (Gollateral).						
13. X This FINANCING STATEMENT is to be filed [for record] (or re	ecorded) in the 14. This FIN	IANCING STATE	MENT:			
REAL ESTATE RECORDS (if applicable)		ers timber to be		extracted c	ollateral X is filed as	a fixture filing
15. Name and address of a RECORD OWNER of real estate described (if Debtor does not have a record interest):		ion of real estate		4440		
(ii Debitor does not have a record interest).		Lot 30 in Block 6 of Tract 1140, Lynnewood First Additi according to the official plat thereof on file in the office of County Clerk, Klamath County, Oregon. APN: R425524.				
	Journ	<i>y</i> 0.0,		.,,	.go /	
17. MISCELLANEOUS:						