ONLY				LOW INSTRUCTIONS NAME & PHONE OF CONTACT AT FILER (optional) E-MAIL CONTACT AT FILER (optional)
ONLY				E-MAIL CONTACT AT FILER (optional)
ONLY			_	
ONLY				
ONLY			<u> </u>	SEND ACKNOWLEDGMENT TO: (Name and Address)
ONLY				
ONLY			1	Craft3
ONLY				PO Box 530233
ONLY				Atlanta, GA 30353-0233
ONLY	NIO 0	0.45 00 4 05 10 50		<u> </u>
	R FILING OFFICE USE O			DEBTOR'S NAME: Provide only one Debtor name (1a or 1b)
			and provide the Individual Debtor information in item	name will not fit in line 1b, leave all of item 1 blank, check here
				1a. ORGANIZATION'S NAME
le		1.	I=1=0	
SUFFIX	NAL NAME(S)/INITIAL(S)	ADDITION	FIRST PERSONAL NAME Donnalea	1b. INDIVIDUAL'S SURNAME Norris
COUNT	POSTAL CODE	STATE	CITY	MAILING ADDRESS
USA	97601	OR	Klamath Falls	6328 Forest Park Ln
	James		Robert	Norris
COUNT		'		
100,				
)	raity liame (Sa Or Sb)	SIGNOR SECORED FARTTY. Provide only one Secure	3a. ORGANIZATION'S NAME
				Craft3
SUFFIX	ADDITIONAL NAME(S)/INITIAL(S)		FIRST PERSONAL NAME	3b. INDIVIDUAL'S SURNAME
COUNT	POSTAL CODE	STATE	CITY	MAILING ADDRESS
USA	97103	OR	Astoria	2 7th Street, Suite 100
	POSTAL CODE 97601 NAL NAME(S)/INITIAL(S) POSTAL CODE	Jame STATE OR Party name (3a or 3b) ADDITION STATE	CITY Klamath Falls SIGNOR SECURED PARTY): Provide only one Secured FIRST PERSONAL NAME CITY	MAILING ADDRESS 6328 Forest Park Ln SECURED PARTY'S NAME (or NAME of ASSIGNEE of AS 3a. ORGANIZATION'S NAME Craft3 3b. INDIVIDUAL'S SURNAME MAILING ADDRESS

8. OPTIONAL FILER REFERENCE DATA: SP-27978 DO NOT ADD

UCC FINANCING STATEMENT ADDENDUM

<u>L</u>						
9a. ORGANIZATION'S NAME						
9b. INDIVIDUAL'S SURNAME Norris						
FIRST PERSONAL NAME Donnalea						
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	THE ABOVE	: CDACE I	S FOR FILING OFFICE	LISE ONLY
DEBTOR'S NAME: Provide (10a or 10b) only one additional do not omit, modify, or abbreviate any part of the Debtor's name						
10a. ORGANIZATION'S NAME	<u> </u>					
10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
11a. ORGANIZATION'S NAME 11b. INDIVIDUAL'S SURNAME		RSONAL NAME			NAL NAME(S)/INITIAL(S)	SUFFIX
. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
ADDITIONAL SPACE FOR ITEM 4 (Collateral):						
ADDITIONAL SPACE FOR ITEM 4 (Collateral): X This FINANCING STATEMENT is to be filed [for record] (or REAL ESTATE RECORDS (if applicable)	recorded) in the 14. This FI	NANCING STATEN	ENT:			