

2024-007503

Klamath County, Oregon



00332819202400075030010016

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

08/28/2024 10:24:04 AM

Fee: \$82.00

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) Funding Group 206.298.9394 ext 8903	
B. E-MAIL CONTACT AT SUBMITTER (optional)	
C. SEND ACKNOWLEDGMENT TO: (Name and Address) Recording requested by and return to: Salal Credit Union PO Box 75029 Seattle, WA 98175-0029	
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 not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME					
OR	1b. INDIVIDUAL'S SURNAME COOK	FIRST PERSONAL NAME IVA	ADDITIONAL NAME(S)/INITIAL(S) JEAN	SUFFIX	
1c. MAILING ADDRESS 24252 CANADIAN HONKER LN		CITY CHILOQUIN	STATE OR	POSTAL CODE 97624-8625	COUNTRY USA

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 not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME					
OR	2b. INDIVIDUAL'S SURNAME COOK	FIRST PERSONAL NAME DANIEL	ADDITIONAL NAME(S)/INITIAL(S) LARRY	SUFFIX	
2c. MAILING ADDRESS 24252 CANADIAN HONKER LN		CITY CHILOQUIN	STATE OR	POSTAL CODE 97624-8625	COUNTRY USA

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 Salal Credit Union					
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS PO Box 75029		CITY Seattle	STATE WA	POSTAL CODE 98175-0029	COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:

AMERICAN HARVEST ROOF IN CEDAR FALLS**PARCEL NUMBER: R266125****LEGAL DESCRIPTION: LOT 10, BLOCK 31, FIRST ADDITION TO KLAMATH FALLS FOREST ESTATES, ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE INT HE OFFICE OF THE COUNTY CLERK, KLAMATH COUNTY, OREGON****KLAMATH****24252 CANADIAN HONKER LN, CHILOQUIN OR, 97624-8625****FIXTURE FILING**

5. Check <u>only</u> if applicable and check <u>only</u> one box: Collateral is <input type="checkbox"/> held in a Trust (see UCC1Ad, item 17 and Instructions) <input type="checkbox"/> being administered by a Decedent's Personal Representative	
6a. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Public-Finance Transaction <input type="checkbox"/> Manufactured-Home Transaction <input type="checkbox"/> A Debtor is a Transmitting Utility <input type="checkbox"/> Agricultural Lien <input type="checkbox"/> Non-UCC Filing	
6b. Check <u>only</u> if applicable and check <u>only</u> one box: <input type="checkbox"/> Licensee/Licensors	
7. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> Lessee/Lessor <input type="checkbox"/> Consignee/Consignor <input type="checkbox"/> Seller/Buyer <input type="checkbox"/> Bailee/Bailor	
8. OPTIONAL FILER REFERENCE DATA: 242546	