2024-009625

Klamath County, Oregon 11/04/2024 02:18:01 PM

Fee: \$92.00

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294					
B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
2965 56802 CSC					
801 Adlai Stevenson Drive					
Springfield, IL 62703 File	ed In: Oregon (Klamath)				
SEE BELOW FOR SECURED PARTY CONTACT INFORMA	`	THE ABOVE SPA	ACE IS FO	OR FILING OFFICE USE (ONLY
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full not fit in line 1b, leave all of item 1 blank, check here		dify, or abbreviate any part of the l information in item 10 of the Financi			Debtor's name will
1a. ORGANIZATION'S NAME					
OR 1b. INDIVIDUAL'S SURNAME WOODS		FIRST PERSONAL NAME KIMBERLY		NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 35160 S CHILOQUIN RD	CITY CHILOQUI	N	STATE	POSTAL CODE 97624	COUNTRY
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full					Debtor's name will
not fit in line 2b, leave all of item 2 blank, check here and provid 2a. ORGANIZATION'S NAME	de the Individual Debtor	information in item 10 of the Financi	ng Stateme	nt Addendum (Form UCCTAd)	
Za. Groanization o name					
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY'S NAME (OR NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OR NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OR NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OR NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OR NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OR NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OR NAME OF ASSIGNEE OF ASSIGNOR SECURED PARTY'S NAME (OR NAME OF ASSIGNOR SECURED PARTY)	JRED PARTY): Provid	e only one Secured Party name (3	Ba or 3b)		
3a. ORGANIZATION'S NAME Aqua Finance, Inc.			,		
OR OLD THE CONTROL OF			Labiria		Ta.,==,,,
3b. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITIC	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS One Corporate Drive Suite 300	CITY Wausau		STATE	POSTAL CODE 54401	COUNTRY
4. COLLATERAL: This financing statement covers the following collateral:					
SIDING					
5. Check only if applicable and check only one box: Collateral is held in a Trus	st (see UCC1Ad, item	17 and Instructions)	g administe	red by a Decedent's Personal	Representative
6a. Check only if applicable and check only one box:		6b. 0	Check <u>only</u>	f applicable and check only on	e box:

A Debtor is a Transmitting Utility

Seller/Buyer

Consignee/Consignor

Agricultural Lien

Bailee/Bailor

Non-UCC Filing

Licensee/Licensor

2965 56802

Manufactured-Home Transaction

Lessee/Lessor

Public-Finance Transaction

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA: 810262185

UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS

9a. ORGANIZATION'S NAME						
Sa. UNGANIZATION S NAIVIE						
CL. INDIVIDUALIS CUIDNAMS						
9b. INDIVIDUAL'S SURNAME WOODS						
FIRST PERSONAL NAME KIMBERLY						
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX					
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name do not omit, modify, or abbreviate any part of the Debtor's name) and enter the	or Debtor name that did not fit in line 1b or 2b of		S FOR FILING OFFICE ent (Form UCC1) (use exac			
10a. ORGANIZATION'S NAME	maining address in fine 100					
10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX		
INDIVIDUAL S ADDITIONAL INVIDIGATION (A)				JOFFIX		
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNT		
ADDITIONAL SECURED PARTY'S NAME or ASS		l Provide only <u>one</u> nam	<u> </u> e (11a or 11b)			
11a. ORGANIZATION'S NAME						
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX		
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNT		
ADDITIONAL SPACE FOR ITEM 4 (Collateral):						
This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	e 14. This FINANCING STATEMENT:					
	_ ,	cription of real estate: 0 S CHILOQUIN RD OQUIN, OR 97624-9732				
Name and address of a RECORD OWNER of real estate described in item 16 if Debtor does not have a record interest): MBERLY WOODS 1160 S CHILOQUIN RD HILOQUIN, OR 97624-9732		9732 NTY 17A0-00900-	000			

The S2 of Lot 2 of Section 17, Township 35 South, Range 7 East of the Willamette Meridian, Klamath County, Oregon, lying Westerly of Agency Lake to Chiloquin Highway.

EXCEPTING THEREFROM THE FOLLOWING:

A tract of land situated in the South half of Government Lot 2, Section 17, Township 35 South, Range 7 East of the Willamette Meridian, Klamath County, Oregon, more particularly described as follows:

Beginning at the point of intersection of the North line of the South half of said Government Lot 2 and the Northwesterly right of way line of the Chiloquin-Agency Lake Highway, said point also being South 89°27'34" West 1263.22 feet and South 35°29'10" West 409.08 feet from the North quarter corner of said Section 17; thence South 35°29'10" West along said right of way line 203 feet; thence South 89°25'25" West 208 feet; thence North 7°30'34" East 170.82 feet to the North line of the said South half of said Government Lot 2, thence North 89°25'25" East 306.42 feet to the point of beginning, with bearings based on Winema Peninsula Unit No. 1, a duly recorded subdivision. Reference: Recorded Survey No. 1993.

Parcel 2 - Sprague River, Lot 13914 Block5