

## **UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

2024-010731 Klamath County, Oregon 12/11/2024 01:04:07 PM Fee: \$92.00

A. NAME & PHONE OF CONTACT AT FILER (optional) Name: Wolters Kluwer Lien Solutions Phone: 800-3	31-3282 Fax: 818-662-4141
B. E-MAIL CONTACT AT FILER (optional) uccfilingreturn@wolterskluwer.com	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	24538 - BANNER BANK -
Lien Solutions P.O. Box 29071 Glendale, CA 91209-9071	101901427
	OROR
	FIXTURE
File with: Klamath, OR	
1 DERTOP'S NAME: Provide only one Debter name (12 or 1	b) (use exact full name: do not emit

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

DEBTOR'S NAME: Provide only one Debtor name (1a or name will not fit in line 1b, leave all of item 1 blank, check here				
1a. ORGANIZATION'S NAME	and provide the manadal Bebler information in the	siii is si ale i manong oa	icomone / idaolidam (i omi	
Odell Lodge and Resort 2024 LLC				
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
4205 Foothill Road	Ventura	l ca	93003	USA
2a. ORGANIZATION'S NAME				
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	ADDITIONAL NAME(S)/INITIAL(S)	
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of	L ASSIGNOR SECURED PARTY): Provide only <u>one</u> Sec	cured Party name (3a or 3	<b>b</b> )	<u> </u>
3a. ORGANIZATION'S NAME Banner Bank				
OD				
OK 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
169 West 6th Avenue	Eugene	OR	97401	USA
4 COLLATERAL: This financing statement source the following	acliptoral:			

All Fixtures, Furnishings and Permitted Improvements located on the resort property located at 21501 E. Odell Road, Crescent Lake, Oregon 93003; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing;

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions)	being administered by a Decedent's Personal Representative
6a. Check <u>only</u> if applicable and check <u>only</u> one box:	6b. Check only if applicable and check only one box:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buye	er Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	
101901427 480	72605006

all records of any kind relating to any of the foregoing

## **UCC FINANCING STATEMENT ADDENDUM**

			-			
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Finance	ing Statement; if line 1b w	as left blank				
because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME						
Odell Lodge and Resort 2024 LLC						
Cuell Louge and Nesson 2024 LES						
9b. INDIVIDUAL'S SURNAME						
SU. INDIVIDUALS SURNAME						
FIRST PERSONAL NAME						
FIRST FERSONAL NAME						
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX				
ADDITIONAL NAME(S)MNITIAL(S)		SOFFIX				
					IS FOR FILING OF	
DEBTOR'S NAME: Provide (10a or 10b) only one addition			line 1b or 2b of the Fi	nancing S	tatement (Form UCC1)	(use exact, full name
do not omit, modify, or abbreviate any part of the Debtor's nam  10a. ORGANIZATION'S NAME	ne) and enter the mailing ac	dress in line 10c				
108. ORGANIZATION'S NAME						
A TOP INDIVIDUALIS SURNAME						
10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL S FIRST PERSONAL NAME						
INDIVIDUALIO ADDITIONAL NAME(OVANITIAL(O)						SUFFIX
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
MANUAL ADDRESS	Loury			LOTATE	POSTAL CODE	COLUMNITORY
c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
11a. ORGANIZATION'S NAME						
	FIRST	PERSONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
11b. INDIVIDUAL'S SURNAME		PERSONAL NAME				
R 11b. INDIVIDUAL'S SURNAME	FIRST	PERSONAL NAME		ADDITION STATE	NAL NAME(S)/INITIAL(S)  POSTAL CODE	SUFFIX
11b. INDIVIDUAL'S SURNAME 1c. MAILING ADDRESS		PERSONAL NAME				
		PERSONAL NAME				
11b. INDIVIDUAL'S SURNAME 1c. MAILING ADDRESS		PERSONAL NAME				
T1b. INDIVIDUAL'S SURNAME  1c. MAILING ADDRESS		PERSONAL NAME				
11b. INDIVIDUAL'S SURNAME		PERSONAL NAME				
c. MAILING ADDRESS		PERSONAL NAME				
11b. INDIVIDUAL'S SURNAME  1c. MAILING ADDRESS		PERSONAL NAME				
11b. INDIVIDUAL'S SURNAME  c. MAILING ADDRESS		PERSONAL NAME				
c. MAILING ADDRESS  ADDITIONAL SPACE FOR ITEM 4 (Collateral):	СІТУ		EMENT:			
c. MAILING ADDRESS  ADDITIONAL SPACE FOR ITEM 4 (Collateral):	СІТУ	nis FINANCING STATI	_	STATE	POSTAL CODE	COUNTRY
This FINANCING STATEMENT is to be filed [for record] REAL ESTATE RECORDS (if applicable)	(or recorded) in the 14. T	nis FINANCING STATI	cut covers as-	STATE	POSTAL CODE	
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## **EXHIBIT A**

The structures, improvements, fixtures and permanently attached items now located on the following property:

A Leasehold Interest in a parcel of land within unsurveyed Sections 25 and 26, Township 23 South, Range 6 East of the Willamette Meridian, Klamath County, Oregon, as shown on a site plan approved by the Assistant Regional Forester, on December 5, 1966.

Commonly known as the "Odell Lake Resort", located in Block D of Odell Lake.