2025-000661

Klamath County, Oregon

01/30/2025 08:29:02 AM

Fee: \$82.00

UCC FINANCING STATEMENT FOLLOWINSTRUCTIONS							
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) 877-505-5400							
B. E-MAIL CONTACT AT SUBMITTER (optional) recordings@gorequire.com							
C. SEND ACKNOWLEDGMENT TO: (Name and Address)							
reQuire Real Estate Solutions, LLC P.O. Box 860							
Palm Harbor, FL 34682	1	Pi	int]	Reset		
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	FIRST PERSONAL	NAME	ADDIT	IONAL NAME(S)/I	NITIAL(S)	Tsuffix	
Tow III	Truman		٦				
1c. MAILING ADDRESS 4605 CANNON AVE	CITY KLAMATH F	ALLS	STATE OR	9	OSTAL CODE 7603	COUNTRY	
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 t	he Debtor's r	name); if any part	of the Individual Del	otor's name will	
not fit in line 2b, leave all of item 2 blank, check here and provide the		nformation in item 10 of the					
2a. ORGANIZATION'S NAME	\ 7	. "		- 1	l		
OR 2b. INDIVIDUAL'S SURNAME TOW	FIRST PERSONAL Emily	NAME	ADDIT	FIONAL NAME(S)	/INITIAL(S)	SUFFIX	
2c. MAILING ADDRESS 4605 CANNON AVE	CITY KLAMATH F.	ALLS	STAT OR	100	STAL CODE 7603	COUNTRY	
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 Puget Sound Cooperative Credit Union			h		-		
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL	. NAMÉ	AD	DITIONAL NAME	(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS 11201 SE 8th Street, Suite 208	BELLEVUE		ST.		TAL CODE 004-6420	USA	
4. COLLATERAL: This financing statement covers the following collateral:	1						
Fixtures and energy equipment, including but not limited to, all accessories, peripheral and associated equipment, and after acquired equipment, installed at 4605 CANNON AVE KLAMATH FALLS, OR 97603							
Lots 19, 20 and the Westerly 115 feet, Lot 21, Block 6, St. Francis Park, according to the official plat thereof on file in the Office of the County Clerk of Klamath County, Oregon.							
Parcel No.: 518773/ 3909-002CA-04600							
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 only if applicable and check only one box:	6b. Check only if applicable and check only one box:						
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a	Fransmitting Utility	A	Agricultural Lien		Non-UCC Filing	
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor	Seller/Buy	er	Bailee/Bailor	Licens	ee/Licensor		
8. OPTIONAL FILER REFERENCE DATA: Tow773							