

**2025-002782**  
**Klamath County, Oregon**  
04/16/2025 02:41:01 PM  
Fee: \$82.00

**UCC FINANCING STATEMENT**

**FOLLOW INSTRUCTIONS**

A. NAME & PHONE OF CONTACT AT FILER [optional]

Carmen Marquart

B. E-MAIL CONTACT AT FILER [optional]

carmen@marquartinv.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Carmen Marquart, Manager  
Bellcass, LLC  
3748 West 49th Avenue  
Kennewick, WA 99337

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					
D and N Enterprises, LLC					
OR	1b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
3901 Brooke Drive		Klamath Falls	OR	97603	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 1 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		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
		Marquart	Donald		
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
3901 Brooke Drive		Klamath Falls	OR	97603	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					
BELLCASS, LLC					
OR	3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
3748 w. 49th Avenue		Kennewick	WA	99337	USA

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

Klamath County, Oregon Tax Account Nos.3909-010CB-02500-000, 3909-010CB-02600-000 and 3909-010CB-02700-000

Legal Description: LOTS 12, 13, and 14 OF TRACT 1293, BEING A PORTION OF TRACTS 9 THROUGH 11 OF "ALTAMONTH RANCH TRACTS" ACCORDING TO THE OFFICIAL PLAT THEREOF ON FILE IN THE OFFICE OF THE COUNTY CLERK OF KLAMATH COUNTY, OREGON.

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

6. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ A Debtor is a Transmitting Utility

7. ALTERNATIVE DESIGNATION [if applicable]: ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA