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UCC

KOCINA, JAMES K

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS
A. NAME & PHONE OF CONTACT AT FILER [optional]
Rogue Credit Union 800-856-7328
B. E-MAIL CONTACT AT FILER [optional]
titlesupport@roguecu.org
C. SEND ACKNOWLEDGMENT TO: (Name and Address)
ROGUE CREDIT UNION PO BOX 4550 MEDFORD OR 97501
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1. DEBTOR'S NAME — Provide only one Debtor name (1a or 1b) (use name will not fit in line 1b, leave all of item 1 blank, check here 1a. ORGANIZATION'S NAME		rt of the Debtor's		ividual Debtor's
15. INDIVIDUAL'S SURNAME KOCINA	FIRST PERSONAL NAME JAMES	ADDITIONAL NAME(S)/INITIAL(S) K STATE POSTAL CODE OR 97502		SUFFIX
ic MAILING ADDRESS 1043 SANDOZ ST	CENTRAL POINT			COUNTRY
name will not fit in line 2b, leave all of item 1 blank, check here 2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S SURNAME KOCINA	and provide the Individual Debtor information in item 10 of	ana di ana 94 .	IAL NAME(S)/INITIAL(S)	SUFFIX
P.C. MAILING ADDRESS 1043 SANDOZ ST	CENTRAL POINT	STATE OR	POSTAL CODE 97502	COUNTRY
33. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGN 36. ORGANIZATION'S NAME ROGUE CREDIT UNION 36. INDIVIDUAL'S SURNAME	NOR SECURED PARTY): Provide only <u>one</u> Secured Party n		AL NAME(S)/INITIAL(S)	SUFFIX
C MAILING ADDRESS PO BOX 4550	MEDFORD	STATE OR	POSTAL CODE 97501	COUNTRY
4. COLLATERAL: This financing statement covers the following collateral 2024 Suntracker 22 party barge RF DI 2024 Mercury 150L 3B510781 2024 All Trailer Manufacturers 24 Fee	LX BUJ10901A424	5RB001		

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 of	one box:		And the second s			
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						