

FILED: JUN 24, 2024 11:55 AM
OREGON SECRETARY OF STATE

UCC

LIEN NO. 93904071

MONKEY CENTRAL, LLC

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)
B. E-MAIL CONTACT AT SUBMITTER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address) SELCO Community Credit Union Commercial & Business Banking - Gateway 925 Harlow Road, Suite 220 Springfield, OR 97477
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 Monkey Central, LLC					
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
1c. MAILING ADDRESS 2041 NW West Hills Ave		CITY Bend	STATE OR	POSTAL CODE 97701	COUNTRY 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 2 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 Angelo Jr.	FIRST PERSONAL NAME Robert	ADDITIONAL NAME(S)/INITIAL(S) Anthony	SUFFIX	
2c. MAILING ADDRESS 2041 NW West Hills Ave		CITY Bend	STATE OR	POSTAL CODE 97701	COUNTRY 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 SELCO Community Credit Union					
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
3c. MAILING ADDRESS 925 Harlow Road, Suite 220		CITY Springfield	STATE OR	POSTAL CODE 97477	COUNTRY USA

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

All Fixtures and all Rents, revenues, income, issues, profits, and proceeds of any kind (the Rents), whether due now or later, from the real property located at 221 NE Hawthorne Ave, Bend, OR 97701 including without limitation chattel paper, accounts and general intangibles relating to the Rents.

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

UCC FINANCING STATEMENT ADDENDUM**FOLLOW INSTRUCTIONS**

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because individual Debtor name did not fit, check here ☐

9a. ORGANIZATION'S NAME

Monkey Central, LLC

OR

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

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10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

10a. ORGANIZATION'S NAME

OR

10b. INDIVIDUAL'S SURNAME

Fulkerson

INDIVIDUAL'S FIRST PERSONAL NAME

Gary

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

Datus

SUFFIX

10c. MAILING ADDRESS

23013 Chaparral Ct

CITY

Bend

STATE

OR

POSTAL CODE

97701

COUNTRY

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. ☒ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

☐ covers timber to be cut ☐ covers as-extracted collateral ☐ is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

16. Description of real estate:

Lot 2 and the West half of Lot 3, Block 11, CENTER ADDITION TO BEND, City of Bend, Deschutes County, Oregon, Filed June 6, 1910, Plat Cabinet A, Page 14, Deschutes County Records.

17. MISCELLANEOUS:

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Monkey Central, LLC

OR

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10a. ORGANIZATION'S NAME

OR

10b. INDIVIDUAL'S SURNAME

Yax

INDIVIDUAL'S FIRST PERSONAL NAME

Justin

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

Charles

SUFFIX

10c. MAILING ADDRESS

61486 Diamond Lake Drive

CITY

Bend

STATE

OR

POSTAL CODE

97702

COUNTRY

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

11c. MAILING ADDRESS

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OR

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

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10a. ORGANIZATION'S NAME

OR

10b. INDIVIDUAL'S SURNAME

Angelo

INDIVIDUAL'S FIRST PERSONAL NAME

Mary

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

Lynn

SUFFIX

10c. MAILING ADDRESS

2041 NW West Hills Ave

CITY

Bend

STATE

OR

POSTAL CODE

97703

COUNTRY

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

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CITY

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9b. INDIVIDUAL'S SURNAME**FIRST PERSONAL NAME****ADDITIONAL NAME(S)/INITIAL(S)****SUFFIX****THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY****10. DEBTOR'S NAME:** Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c**10a. ORGANIZATION'S NAME****Imagine Stoneworks Inc.**

OR

10b. INDIVIDUAL'S SURNAME**INDIVIDUAL'S FIRST PERSONAL NAME****INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)****SUFFIX****10c. MAILING ADDRESS****1320 SE Armour Road Ste A1****CITY****Bend****STATE****OR****POSTAL CODE****97702****COUNTRY****11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME:** Provide only one name (11a or 11b)**11a. ORGANIZATION'S NAME**

OR

11b. INDIVIDUAL'S SURNAME**FIRST PERSONAL NAME****ADDITIONAL NAME(S)/INITIAL(S)****SUFFIX****11c. MAILING ADDRESS****CITY****STATE****POSTAL CODE****COUNTRY****12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):****13. ☒ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)****15. Name and address of a RECORD OWNER of real estate described in Item 16**
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10a. ORGANIZATION'S NAME

Day Vengley and Associates, LLC

OR

10b. INDIVIDUAL'S SURNAME

INDIVIDUAL'S FIRST PERSONAL NAME

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

10c. MAILING ADDRESS

109 NW Greenwood Suite 103

CITY

Bend

STATE

OR

POSTAL CODE

97703

COUNTRY

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

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