



UCC

LIEN NO. 93904071

MONKEY CENTRAL, LLC

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME &amp; 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     |
| <b>2041 NW West Hills Ave</b> | <b>Bend</b>         | <b>OR</b>                     | <b>USA</b> |

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

**Angelo Jr.**

OR

|                               |                     |                               |        |
|-------------------------------|---------------------|-------------------------------|--------|
| 2b. INDIVIDUAL'S SURNAME      | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| <b>2041 NW West Hills Ave</b> | <b>Robert</b>       | <b>Anthony</b>                |        |

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     |
| <b>925 Harlow Road, Suite 220</b> | <b>Springfield</b>  | <b>OR</b>                     | <b>USA</b> |

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 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:

|   |  |   |  |   |
|---|--|---|--|---|
| <input type="checkbox"/> Public-Finance Transaction | <input type="checkbox"/> Manufactured-Home Transaction | <input type="checkbox"/> A Debtor is a Transmitting Utility | <input type="checkbox"/> Agricultural Lien | <input type="checkbox"/> Non-UCC Filing |
|---|--|---|--|---|

7. ALTERNATIVE DESIGNATION (if applicable):  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  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       | <b>Monkey Central, LLC</b> |  |
| 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 |  |        |
| <b>Fulkerson</b>                           |                           |  |        |
| INDIVIDUAL'S FIRST PERSONAL NAME           |                           |  |        |
| <b>Gary</b>                                |                           |  |        |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) |                           |  | SUFFIX |
| <b>Datus</b>                               |                           |  |        |

|                          |             |           |              |         |
|--------------------------|-------------|-----------|--------------|---------|
| 10c. MAILING ADDRESS     | CITY        | STATE     | POSTAL CODE  | COUNTRY |
| <b>23013 Chaparel Ct</b> | <b>Bend</b> | <b>OR</b> | <b>97701</b> |         |

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) |
| 11c. MAILING ADDRESS     | CITY                      | STATE               | POSTAL CODE                   |
|                          |                           |                     | COUNTRY                       |

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13.  This FINANCING STATEMENT is to be filed [or 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:

**UCC FINANCING STATEMENT ADDENDUM****FOLLOW INSTRUCTIONS**

8. 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

|   |        |
|---|--------|
| 8a. ORGANIZATION'S NAME<br><b>Monkey Central, LLC</b> |        |
| OR<br>8b. 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 10a

|  |  |        |
|--|--|--------|
| 10a. ORGANIZATION'S NAME                                     |  |        |
| OR<br>10b. INDIVIDUAL'S SURNAME<br><b>Yax</b>                |  |        |
| INDIVIDUAL'S FIRST PERSONAL NAME<br><b>Justin</b>            |  |        |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)<br><b>Charles</b> |  | SUFFIX |

|   |                     |                    |                             |         |
|---|---------------------|--------------------|-----------------------------|---------|
| 10c. MAILING ADDRESS<br><b>61486 Diamond Lake Drive</b> | CITY<br><b>Bend</b> | STATE<br><b>OR</b> | POSTAL CODE<br><b>97702</b> | 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<br>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 [or 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 (If Debtor does not have a record interest):

## 14. This FINANCING STATEMENT:

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## 17. MISCELLANEOUS:

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8. 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****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****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****11c. MAILING ADDRESS****CITY****STATE****POSTAL CODE****COUNTRY****12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):**

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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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|   |        |
|---|--------|
| 9a. ORGANIZATION'S NAME<br><b>Monkey Central, LLC</b> |        |
| OR  |        |
| 9b. INDIVIDUAL'S SURNAME                              |        |
| FIRST PERSONAL NAME                                   |        |
| ADDITIONAL NAME(S)/INITIAL(S)                         | SUFFIX |

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|  |  |        |
|--|--|--------|
| 10a. ORGANIZATION'S NAME<br><b>Imagine Stoneworks Inc.</b> |  |        |
| OR   |  |        |
| 10b. INDIVIDUAL'S SURNAME                                  |  |        |
| INDIVIDUAL'S FIRST PERSONAL NAME                           |  |        |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)                 |  | SUFFIX |

|   |                     |                    |                             |         |
|---|---------------------|--------------------|-----------------------------|---------|
| 10c. MAILING ADDRESS<br><b>1320 SE Armour Road Ste A1</b> | CITY<br><b>Bend</b> | STATE<br><b>OR</b> | POSTAL CODE<br><b>97702</b> | 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 |

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| FIRST PERSONAL NAME                                   |        |
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|  |  |        |
|--|--|--------|
| 10a. ORGANIZATION'S NAME<br><b>Day Vengley and Associates, LLC</b> |  |        |
| OR<br>10b. INDIVIDUAL'S SURNAME                                    |  |        |
| INDIVIDUAL'S FIRST PERSONAL NAME                                   |  |        |
| INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)                         |  | SUFFIX |

|   |                     |                    |                             |         |
|---|---------------------|--------------------|-----------------------------|---------|
| 10c. MAILING ADDRESS<br><b>109 NW Greenwood Suite 103</b> | CITY<br><b>Bend</b> | STATE<br><b>OR</b> | POSTAL CODE<br><b>97703</b> | 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<br>11b. INDIVIDUAL'S SURNAME |      | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX  |
| 11c. MAILING ADDRESS            | CITY | STATE               | POSTAL CODE                   | COUNTRY |

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