

FILED: AUG 30, 2024 11:19 AM OREGON SECRETARY OF STATE

			UCC		LIEN NO). 93	Will Bi []] [[]]] 968417		A. MCELDERRY
UCC FINANCING STATEMENT			•			-			INCELDERRY
FOLLOW INSTRUCTIONS	٠								
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional	al)		,						
Online Dept 888-507-4593									
B. E-MAIL CONTACT AT SUBMITTER (optional)									
C. SEND ACKNOWLEDGMENT TO: (Name and Address)									
DATA RESEARCH, INC.									
7185 SW Sandburg St, #110		I							
Portland, OR 97223									
<u>UCC1-1454492</u>	Stata	of Oregon, OR							
SEE BELOW FOR SECURED PARTY CONTAC			TUE	ABOVE	S S DACE IS	S EOE	R FILING OFF	EICE LISE (ANI V
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (to the control of th	use exact, full	name; do not omit, mod							
not fit in line 1b, leave all of item 1 blank, check here		de the Individual Debtor i							• • • • • • • • • • • • • • • • • • • •
1a. ORGANIZATION'S NAME									
OR William A. McElderry Trust 1b. INDIVIDUAL'S SURNAME		LEIBET DEBEONA	NAME		· IADE	UTION	AL NAME/CYAN	ITIAL (C)	ISUFFIX
ID. INDIVIDUALS SURNAME		FIRST PERSONA	FIRST PERSONAL NAME			ADDITIONAL NAME(S)/INITIAL(S			SUFFIX
1c. MAILING ADDRESS	MAILING ADDRESS			CITY			STATE POSTAL CODE		
657 Rocky Rd		Hood River			OR		97031-973	31	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (u	ıse exact, full		ify, or abbreviate a	ny part o		_			
not fit in line 2b, leave all of item 2 blank, check here	and provi	de the Individual Debtor i	nformation in item	10 of the F	inancing Stat	ement	Addendum (For	m UCC1Ad)	
2a. ORGANIZATION'S NAME									
OR Melissa McElderry Trust 2b. INDIVIDUAL'S SURNAME		FIRST PERSONA	FIRST PERSONAL NAME			ADDITIONAL NAME(S)/INITIAL(S) SUFFIX			
					,,,,,				007.1.77
2c. MAILING ADDRESS		CITY			STA	TE	POSTAL CODE		COUNTRY
657 Rocky Rd		Hood River			OR		97031-973	31	USA
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASS	SIGNOR SEC	URED PARTY): Provide	only one Secured	Party na	me (3a or 3l	o)			
3a. ORGANIZATION'S NAME								,	
OR UMPQUA BANK 3b. INDIVIDUAL'S SURNAME		FIRST PERSONA	NAME		ADDITIONAL NAME(S)		AL NAME(S)/IN	IITIAL(S)	SUFFIX
3c. MAILING ADDRESS		CITY	CITY			TE	POSTAL CODE	1	COUNTRY
P.O. BOX 1580		ROSEBURG	Ĵ		OR	.	97470		USA
4. COLLATERAL: This financing statement covers the following colla	ateral:						•		
All personal property of the Debtor, incl	luding a	ccounts, chat	tel paper,	genei	ral inta	ngit	les, doci	ıments,)
instruments, investment property, letters	of cred	lit, letter of c	edit rights	, equ	ipment	and	l invento	ry, situ	ated upon
and/or used in connection with the opera			_	_	_				
Salmon, WA 98672; whether any of the			-	-					
replacements, and substitutions relating	_	-		_					
-	to any t	of the folegor	iig, aii ieci	orus (of ally	KIIIC	relating	to any	or the
foregoing									
•									
	held in a Tru	ust (see UCC1Ad, item 1	7 and Instructions) [Representative
6a. Check only if applicable and check only one box:	Tenne+'	☐ AB-t	Transcellin - 1 hm.	.,	_		applicable and o	_	
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Less		Consignee/Consign	Transmitting Utility	y eller/Buye		_	ral Lien ee/Ballor	Non-UCC	see/Licensor
8. OPTIONAL FILER REFERENCE DATA:	,,,,		<u>"</u>	ye	<u> </u>	Jail	Jo, Dallof		5031 E1001 1001
[UCC1-1454492]									
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FILING OFFICE COPY — UCC FINANCING STATEMENT (Form UCC1) (Rev. 07/01/23)