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## FILED: JAN 07, 2025 02:48 PM OREGON SECRETARY OF STATE

		ucc	I IEN NO	04070	9// <b>9</b> /// <b>9///                        </b>	
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS			LILINO.	94076	3U3 WHEELER	, LONNIE TODD
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)						
Randall Jessup						
B. E-MAIL CONTACT AT SUBMITTER (optional)						
csr@oregonstatecu.com						
C. SEND ACKNOWLEDGMENT TO: (Name and Address)						
OREGON STATE CREDIT UNION	$\neg$					
PO BOX 306						
CORVALLIS, OR 97339						
SEE BELOW FOR SECURED PARTY CONTACT INFORMA						
					R FILING OFFICE USE	
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full not fit in line 1b, leave all of item 1 blank, check here     and provide	name; do not omit, modi e the Individual Debtor in	ify, or abbreviate a formation in item	iny part of the De 10 of the Financing	btor's nar Statemen	ne); if any part of the Individua it Addendum (Form UCC1Ad)	Debtor's name will
1a. ORGANIZATION'S NAME						
OR 1b. INDIVIDUAL'S SURNAME ,	LEIDST DEDSONAL	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		ISUFFIX
WHEELER	LONNIE	1		TOD		
1c. MAILING ADDRESS	CITY			STATE	IPOSTAL CODE	COUNTRY
PO BOX 82	ALSEA			OR	97324	USA
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full not fit in line 2b, leave all of item 2 blank, check here      and provide 2a. ORGANIZATION'S NAME	name; do not omit, mod e the Individual Debtor ir	ify, or abbreviate a nformation in item	any part of the De	ebtor's nar g Statemer	ne); if any part of the Individual nt Addendum (Form UCC1Ad)	Debtor's name will
:						
OR 2b. INDIVIDUAL'S SURNAME	I	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
WHEELER	1	PENNY		LYNN		
2c. MAILING ADDRESS	CITY		STATE OR	POSTAL CODE	USA	
P.O. Box 82	ALSEA		UK	97324	USA	
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU	JRED PARTY): Provide	only one Secure	d Party name (3a	or 3b)		
3a. ORGANIZATION'S NAME						
OREGON STATE CREDIT UNION	FIRST PERSONA	NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3b. INDIVIDUAL'S SURNAME	FIRST PERSONA	E IAVINE			, , , , , , , , , , , , , , , , , , ,	
3c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
PO BOX 306	CORVAL	LIS		OR	97339	USA
4. COLLATERAL: This financing statement covers the following collateral: OUTBOARD BOAT MOTOR: 2015 Yama OUTBOARD BOAT MOTOR: 2016 Yama						

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:
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility	Agricultural Lien Non-UCC Filing  Railee/Bailor Licensee/Licensor
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Bu	yer Bailee/Bailor Licensee/Licensor
8. OPTIONAL FILER REFERENCE DATA:	