NAME & PHONE OF CONTACT AT SUBMITTER (optional)  E-MAIL CONTACT AT SUBMITTER (optional)  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  DEBTOR'S NAME: Provide only gag Debtor name (1 aor 1b) (use exect, full name; do not amit, modify, or abbreviate any part of the Debtor's name; if any part of the Individual Debtor name will not fit in line 1b, leave all of liver 1 blank, check here and provide the Individual Debtor Information in liters 10 of the Financing Statement Addendum (Form UCC1Ad)  1a. ORGANIZATION'S NAME Shelby Company Limited Liability Company  1b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  STATE POSTAL CODE ON 97707  USA  DEBTOR'S NAME: Provide only gag Debtor name (2a or 2b) (use exact, full name; do not amit, modify, or abbreviate any pant of the Debtor's name; if any part of the Individual Debtor Information in liters 10 of the Financing Statement Addendum (Form UCC1Ad)  2a. ORGANIZATION'S NAME: Provide only gag Debtor name (2a or 2b) (use exact, full name; do not amit, modify, or abbreviate any pant of the Debtor's name; if any part of the Individual Debtor Information in liters 10 of the Financing Statement Addendum (Form UCC1Ad)  2a. ORGANIZATION'S NAME: Provide only gag Debtor name (2a or 2b) (use exact, full name; do not amit, modify, or abbreviate any pant of the Debtor's name; if any part of the Individual Debtor Information in liters 10 of the Financing Statement Addendum (Form UCC1Ad)  2a. ORGANIZATION'S NAME  JMEDITY Trust dated October 25, 2019  2b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUPFIX  SATE POSTAL CODE OR 97405  USA  SECURED PARTY'S NAME (or NAME of ABSIGNEE of ABSIGNOR BECURED PARTY): Provide only one Becured Party name (3a or 3b)  SELECTOR Community Credit Union  SELECTOR Commu		+15417367636 To:			AN 30, 2025 12:51 PM ECRETARY OF STAT	
SELCO Community Credit Union Commercial & Business Banking - Gateway 925 Harlow Road, Suite 220 Springfield, OR 97477 SEE BELOW FOR SECURED PARTY CONTACT INFORMATION DETOR'S NAME: Provide only gag Debtor name (is or 1b) luse seat, full name; do not omit, medify, or abbreviate any part of the Debtor's arme); if any part of the individual Debtor information in item to of the Financing Statement Addendum (Form UCC14d)  14. ORGANEZATION'S NAME Shelby Company Limited Liability Company 15. NRD/VIDUA'S SURNAME Shelby Company Limited Liability Company 16. NRD/VIDUA'S SURNAME FIRST PERSONAL NAME POSTAL COGE OUNTRY Bend OR 97707 USA DEBTOR'S NAME: Provide only gas Debtor name (2a or 2b) [use exact, full name; do not omit, modify, or abbreviate any part of the individual Debtor information in item to 0 of the Financing Statement Addendum (Form UCC14d)  26. ORGANIZATION'S NAME JMELTY Trust dated October 25, 2019 26. DRD/VIDUA'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME FIRST PERSONAL NAME POSTAL COGE OUNTRY DEBTOR'S NAME: Provide only gas Debtor name (2a or 2b) [use exact, full name; do not omit, modify, or abbreviate any part of the individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC14d)  26. ORGANIZATION'S NAME JMELTY Trust dated October 25, 2019 26. DRD/VIDUA'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME FIRST PERSONAL NAME FIRST PERSONAL NAME POSTAL COGE OUNTRY DEBTOR'S NAME (6) INTINAL (6) SECURED PARTY'S NAME (6) NAME (6) ABSIGNOR BEDURED PARTY); Provide only gas Secured Party name (3a or 3b) SECURED Community Credit Union  26. ORGANIZATION'S NAME SELOC Community Credit Union  27. NIDIVIDUAL'S SURNAME FIRST PERSONAL NAME FIRST PERSONAL NAME FIRST PERSONAL NAME ADDITIONAL NAME(8)/INITIAL(8) SECURED PARTY'S NAME (6) NAME (6) ABSIGNOR BEDURED PARTY); Provide only gas Secured Party name (3a or 3b) SECURED PARTY'S NAME (7) ABSIGNOR BEDURED PARTY); Provide only gas Secured Party name (3a or 3b) SECURED PARTY'S NAME (7) ABSIGNOR BEDURED PARTY; Provide only gas Secured Party name	ICC FINANCING STATEMENT		ucc	LIEN NO. 9	4095306 SHE	LBY COMPANY I
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  DEBTOR'S NAME: Provide only gap Debtor name (is or 15) juse exect, full name; do not omit, modify, or abbreviate any part of the Debtor's name; if any part of the individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  Ta. ORGANIZATION'S NAME Shelby Company Limited Liability Company  To: INDIVIDUAL'S SURNAME  To: TYPE STATE POSTAL CODE  T	NAME & PHONE OF CONTACT AT SUBMITTER (options	al)				
SELCO Community Credit Union Commercial & Business Banking - Gateway 925 Harlow Road, Suite 220 Springfield, OR 97477 SEE BELOW FOR SECURED PARTY CONTACT INFORMATION  DEBTOR'S NAME: Provide only gog Debtor name (1 e or 1b) (use axect, full name; do not omit, modify, or abbreviate any part of the Debtor's name; if any part of the Individual Debtor name will not fit in line 1b, leave all of learn 1 blank, check here and provide the Individual Debtor Information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  1a. ORGANIZATION'S NAME Shelby Company Limited Liability Company  1b. INDIVIDUAL'S SURNAME  INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(SUINITIAL(S)  SUPFIX  INDIVIDUAL'S SURNAME  JORNAME Provide only gog Debtor name (2a or 2b) (use exact, full name; do not onlit, modify, or abbreviate any pant of the Debtor's name; if any part of the Individual Debtor Information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  Bend  DEBTOR'S NAME: Provide only gog Debtor name (2a or 2b) (use exact, full name; do not onlit, modify, or abbreviate any pant of the Debtor's name; if any part of the Individual Debtor Information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  Bend  DEBTOR'S NAME: Provide only gog Debtor name (2a or 2b) (use exact, full name; do not onlit, modify, or abbreviate any pant of the Debtor's name; if any part of the Individual Debtor Information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  DEBTOR'S NAME: Provide only gog Statement Addendum (Form UCC1Ad)  Bend  DEBTOR'S NAME: Provide only gog Statement Addendum (Form UCC1Ad)  Source (First Personal Name  JORDANIZATION'S NAME  JORDANIZATION'S NAME  STATE POSTAL CODE COUNTRY  STATE POSTAL CODE COUNTRY  STATE POSTAL CODE COUNTRY  SOURCE SURNAME  SELCO Community Credit Union  JORDANIZATION'S NAME  SELCO Community Credit Union  JORDANIZATION'S NAME  SELCO Community Credit Union  JORDANIZATION'S NAME  SECURED PARTY'S NAME (SINITIAL(S)  SUPFIX  MAILING ADDRESS  COIL TERMS TABLE POSTAL CODE	. E-MAIL CONTACT AT SUBMITTER (optional)					
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name will not if in line 2b, leave all of item 2 blank, check here sind provide the individual Detror Information in item 10 of the Financing Statement Addendum (Form UCC1Ad)  28. ORGANIZATION'S NAME  JMEJY Trust dated October 25, 2019  2b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  MAILING ADDRESS  CITY  STATE POSTAL CODE COUNTRY  BECURED PARTY'S NAME (or NAME of ABSIGNEE of ABSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)  39. ORGANIZATION'S NAME  SELCO Community Credit Union  3b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  BUFFIX  CITY  STATE POSTAL CODE  COUNTRY  SELCO Community Credit Union  CITY  SPringfield  CITY  STATE POSTAL CODE  COUNTRY  STATE POSTAL CODE  COUNTRY  STATE POSTAL CODE  COUNTRY  SPRINGFIEld  OR 97477  USA  COLLATERAL: This financing statement covers the following collisteral:  All Fixtures and all Rents, revenues, income, issues, profits, and proceeds of any kind (the Rents), whether draw or later, from the real property located at 951 W. 12th Avenue., Eugene, OR 97402 including without.						
SECURED PARTY'S NAME (or NAME of ABSIGNEE of ABSIGNOR BECURED PARTY): Provide only one Becured Party name (3e or 3b)  3b. ORGANIZATION'S NAME  SELCO Community Credit Union  3b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  25 Harlow Road, Suite 220  COLLATERAL: This financing statement covers the following collisteral:  All Fixtures and all Rents, revenues, income, issues, profits, and proceeds of any kind (the Rents), whether draw or later, from the real property located at 951 W. 12th Avenue., Eugene, OR 97402 Including without the control of the control	Zb. INDIVIDUAL'S SURNAME MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
SELCO Community Credit Union  3b. INDIVIDUAL'S SURNAME  MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  25 Harlow Road, Suite 220  COLLATERAL: This financing statement covers the following collisters!:  All Fixtures and all Rents, revenues, income, issues, profits, and proceeds of any kind (the Rents), whether do now or later, from the real property located at 951 W. 12th Avenue., Eugene, OR 97402 Including without the control of the			ona Becured Pa			JOA
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25 Harlow Road, Suite 220  COLLATERAL: This financing statement covers the following collisteral:  All Fixtures and all Rents, revenues, income, issues, profits, and proceeds of any kind (the Rents), whether draw or later, from the real property located at 951 W. 12th Avenue., Eugene, OR 97402 including without the control of the real property located at 951 W. 12th Avenue.	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	<u> </u>	ADDITIO	NAL NAME(8)/INITIAL(8)	BUFFIX
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	CC FINANCING STATEMENT ADDENDUM  LOW INSTRUCTIONS					7	
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	98. ORGANIZATION'S NAME				•		
	Shelby Company Limited Liability Company						
OR	95. INDIVIDUAL'S SURNAME						
	FIRST PERSONAL NAME						
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX					
			THE ABOVE	SPACE (	8 FOR FILING	OFFICE U	J8E ONLY
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	James						
	MAILING ADDRESS	CITY		STATE	POSTAL CODE		COUNTRY
	6864 Besson Road	Bend	D.1114E	OR	97707		USA
11.	ADDITIONAL SECURED PARTY'S NAME or ASSIGNO	OR SECURED PARTY	S NAME: Provide o	only one na	me (11a or 11b)		
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12.	ADDITIONAL SPACE FOR ITEM 4 (Collateral):	,1			ı		· I
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13.	X This FINANCING STATEMENT is to be filed flor record) (or recorded) in the	14. This FINANCING STATE	MENT:			•	
	This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable)	covers timber to be	_	axiraciad (	collateral la	filed as a	fixture filing
	Name and address of a RECORD OWNER of real estate described in item 16 if Debtor dose not have a record interest):	16. Description of real eatate  Lot 8, in Blo		AEG I	AUDDI EST	ON F	YTENDE
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17.	MISCELLANEOUS:	-					

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<b>UCC FINANCING</b>	STATEMENT	· ADDENDUM
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FO	LLOW INSTRUCTIONS						
9. I	NAME OF FIRST DEBTOR: Same as line 1s or 1b on Financing Statement; If because individual Debtor name did not fit, check here	line 1b was le	ift blank				
	8a. ORGANIZATION'S NAME						
	Shelby Company Limited Liability Company						
OR	9b. INDIVIDUAL'S SURNAME	_					
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10.	DEBTOR'S NAME: Provide (10s or 10b) only <u>one</u> additional Debtor name or do not omit, modify, or abbreviate any part of the Debtor's name) and enter the m			line 1b or 2b of the F	inenoing 8	Statement (Form UCC1) (use	exact, full name;
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OR	106. INDIVIDUAL'S SURNAME					<del></del>	· · · · · · · · · · · · · · · · · · ·
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12.	ADDITIONAL SPACE FOR ITEM 4 (Collateral):						
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		17, La   Orego		ty Oregon	Plat (	Records, in Lar	ne County
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17.	MISCELLANEOUS:		٠				