FILED: JUL 25, 2025 11:23 AM OREGON SECRETARY OF STATE

UCC

LIEN NO. 94258503

THE REC INC

A NAME & DUOLLE				
A. NAME & PHONE OF CONTACT AT SUBMITTER (options	· ·			
L				
B. E-MAIL CONTACT AT SUBMITTER (optional)				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
(Name and Address)				
Pioneer Trust Bank, N.A.				
109 Command Low	[]			
109 Commercial St. NE	1			
Salem, OR 97301				
1				
SEE BELOW FOR SECURED BASE	11			
SEE BELOW FOR SECURED PARTY CONTACT	INFORMATION	IF ABOVE STAGE "		
name will not fit in line 1h leave all the Deblor name (1a or 1b) (us	se exact, full name: do not omit modific	TE ABOVE SPACE	FOR FILING OFFICE U	BE ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (us name will not fit in line 1b, leave all of Item 1 blank, check here	and provide the individual Debtor information is	reviate any part of the D	obtor's name); If any part of th	B Individual Del
	and provide the Individual Debter information is	The river the river ch	3 Statement Addendum (Form	UCC1Ad)
ine Recinc.				
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME			
	THIST PERSONAL NAME	ADD	TIONAL NAME(SYINITIAL(S)	SUFFIX
MAILING ADDRESS		j	(, , , , , , , , , , , , , , , , , , ,	SOFFIX
500 River Rd N	CITY	STAT	E POSTAL CODE	
	Kelzer			COUNTRY
DERTORIC MANE	1 CILCI	1 / 15	107000	
DEBTOR'S NAME: Provide only one Debtor name (2e or 2b) (use	exact, full name: do not only	OF	97303	USA
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use name will not fit in line 2b, leave all of Item 2 blank, check here all	exact, full name: do not only	eviate any part of the Del	97303 tor's name); if any part of the	USA Individual Debt
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use name will not fit in line 2b, leave all of item 2 blank, check here as a configuration's NAME	exact, full name: do not only	oviate any part of the Del item 10 of the Financing	197303 tor's name); if any part of the Statement Addendum (Form	USA Individual Debti UCC1Ad)
	exact, full name; do not omit, modify, or abbre nd provide the Individual Debtor information in	eviate any part of the Del Hern 10 of the Financing	dor's name); if any part of the Statement Addendum (Form	USA Individual Debti UCC1Ad)
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	exact, full name: do not only		The state of the s	
2b. INDIVIDUAL'S SURNAME	exact, full name; do not omit, modify, or abbre and provide the Individual Debtor information in		tor's name); if any part of the Statement Addendum (Form	Individual Debt
26. INDIVIDUAL'S SURNAME	exact, full name; do not omit, modify, or abbre and provide the Individual Debtor information in	ADDŅ	IONAL NAME(S)/INITIAL(S)	
26. INDIVIDUAL'S SURNAME MAJLING ADDRESS	exact, full name; do not omit, modify, or abbre and provide the Individual Debtor information in FIRST PERSONAL NAME CITY	ADDIT	IONAL NAME(S)/INITIAL(S)	
26. INDIVIDUAL'S SURNAME MAJLING ADDRESS	exact, full name; do not omit, modify, or abbre and provide the Individual Debtor information in FIRST PERSONAL NAME CITY	ADDIT	IONAL NAME(S)/INITIAL(S)	SUFFIX
2b. INDIVIDUAL'S SURNAME MAJLING ADDRESS ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGN 3a. ORGANIZATION'S NAME	exact, full name; do not omit, modify, or abbre and provide the Individual Debtor information in FIRST PERSONAL NAME CITY	ADDIT	IONAL NAME(S)/INITIAL(S)	SUFFIX
2b. INDIVIDUAL'S SURNAME MAJLING ADDRESS ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGN 3a. ORGANIZATION'S NAME Pioneer Trust Bank, N.A.	exact, full name; do not omit, modify, or abbre and provide the Individual Debtor information in FIRST PERSONAL NAME CITY	ADDIT	IONAL NAME(S)/INITIAL(S)	SUFFIX
2b. INDIVIDUAL'S SURNAME MAILING ADDRESS	exact, full name; do not omit, modify, or abbre nd provide the Individual Debtor information in FIRST PERSONAL NAME CITY OR SECURED PARTY): Provide only one Sec	ADDIT	IONAL NAME(S)/INITIAL(S)	SUFFIX
2b. INDIVIDUAL'S SURNAME MAILING ADDRESS ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGN 3a. ORGANIZATION'S NAME Pioneer Trust Bank, N.A.	exact, full name; do not omit, modify, or abbre and provide the Individual Debtor information in FIRST PERSONAL NAME CITY	STATE STATE Oured Party name (3a or	POSTAL CODE	SUFFIX
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2b. INDIVIDUAL'S SURNAME MAILING ADDRESS ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGN 3a. ORGANIZATION'S NAME Pioneer Trust Bank, N.A.	PRINT PERSONAL NAME FIRST PERSONAL NAME CITY FIRST PERSONAL NAME CITY FIRST PERSONAL NAME CITY FIRST PERSONAL NAME CITY FIRST PERSONAL NAME	STATE STATE Oured Party name (3a or	POSTAL CODE	SUFFIX

the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing.

5. Check only if applicable and check only one box: Collateral is held in a Trusl (see UCC1Ad, item 17 and instructions)	
6a. Check only if applicable and check only one box:	being administered by a Decedent's Personal Representative
Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility 7. ALTERNATIVE DESIGNATION (# gapticable)	6b. Check only if applicable and check only one box: Agricultural Lien Non-UCC Filing
8. OPTIONAL FILER REFERENCE DATA:	yer Bailee/Bailor Licensee/Licensor