

ST.
FINANCING STATEN

101696_5296010

Lien#: 101696

UCC

2 45 PM '91

OFFICE OF STATE OR

P56312

PLEASE TYPE

READ INSTRUCTIONS ON BACK BEFORE FILL

This Financing Statement is presented to filing a statement remains effective for a period of five periods as provided for by ORS Chapter 79.

A. Check (x) one: ☒ DEBTOR NAME, ☐ CONSIGNEE, ☐ LESSEE Social Sec. number or TIN
(If individual list last name first)

1. Employers Rehabilitation Services, Inc.

2. _____

3. _____

(Last Name)

(First Name)

(Middle)

DEBTOR MAILING ADDRESS:

4370 NE Halsey
Portland, Oregon 97214

Total Debtor Names: _____

Reserved for Filing Officer Use

B. Check (x) one: ☒ SECURED PARTY, ☐ CONSIGNOR, ☐ LESSOR
NAME AND ADDRESS (from which security information is obtainable)

Key Bank of Oregon
P. O. Box 14935
Portland, Oregon 97214

Telephone Number: _____

C. ASSIGNEE NAME AND ADDRESS (if any)

Telephone Number: _____

D. This financing statement covers the following types (or items) of collateral (ORS 79 4020)

Total number of attachments: _____

"All equipment, furniture and fixtures now owned or hereafter acquired."

Check (x) if covered: ☐ PROCEEDS of collateral are also covered

☐ PRODUCTS of collateral are also covered

E. DEBTOR'S SIGNATURE NOT REQUIRED. This statement is filed without the debtor's signature to perfect a security interest in collateral (if applicable check box) (1) ☐ collateral already subject to a security interest in another jurisdiction (2) ☐ Which is proceeds of the described original collateral which was perfected. (3) ☐ Collateral as to which the filing has lapsed or (4) ☐ Collateral acquired after a change of name, identity or corporate structure of debtor

F. DEBTOR IS A TRANSMITTING
UTILITY (ORS 79 4010)

Debtor hereby authorizes the Secured Party (or Consignor or Lessor) to file a carbon, photographic or other reproduction of this form, financing statement or security agreement as a financing statement under ORS Chapter 79.

Employers Rehabilitation Services, Inc.

By: _____

By: _____

Required Signature: _____

Use the following spaces only for Farm Products requiring Effective Financing Statement (EFS) filing.

FARM PRODUCTS EFFECTIVE FINANCING STATEMENT FORM EFS-1

This FARM PRODUCT EFFECTIVE FINANCING STATEMENT is presented to the filing officer pursuant to ORS Chapter 79. This statement remains effective for a period of five years from the date of filing, subject to extensions for additional periods as provided for by ORS Chapter 79.

FARM PRODUCT CODE	COUNTY CODE	CROP YEAR (if applicable)	AMOUNT (if applicable)	DESCRIPTION/LOCATION (if applicable)
—	—	—	—	—
—	—	—	—	—
—	—	—	—	—
—	—	—	—	—

EFS Statement requires signature of debtor(s) and secured party(ies)

By: _____

By: _____
Signature of Secured PartyBy: _____
Signature of Debtor(s)

RETURN ACKNOWLEDGEMENT COPY TO (name and address)

Key Bank of Oregon
P. O. Box 14935
Portland, OR 97214

Source of Payment

Cash ☐
Check ☐

Visa/MasterCard ☐
(see instruction 8-D on
reverse of Original copy)

Submit completed form to:
Secretary of State, UCC Section
Capitol Bldg., Room 41
Salem, OR 97310
(503) 378-4146
FAX (503) 373-1166

Please do not type outside of bracketed area