

FILED: FEB 05, 2021 05:00 PM  
OREGON SECRETARY OF STATE



UCC

LIEN NO. 92705592

ACR PROPERTIES, LLC

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
B. E-MAIL CONTACT AT FILER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address)
<b>SELCO Community Credit Union Commercial &amp; Business Banking - Gateway 925 Harlow Road, Suite 220 Springfield, OR 97477</b>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME				
<b>ACR Properties, LLC</b>				
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
<b>555 Lincoln St.</b>		<b>Eugene</b>	<b>OR</b>	<b>97401</b>
				COUNTRY
				<b>USA</b>

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here  and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
<b>LULU, LLC</b>				
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
<b>PO Box 2266</b>		<b>Eugene</b>	<b>OR</b>	<b>97402</b>
				COUNTRY
				<b>USA</b>

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME				
<b>SELCO Community Credit Union</b>				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
<b>925 Harlow Road, Suite 220</b>		<b>Springfield</b>	<b>OR</b>	<b>97477</b>
				COUNTRY
				<b>USA</b>

4. COLLATERAL: This financing statement covers the following collateral:

**All Fixtures and all Rents, revenues, income, issues, profits, and proceeds of any kind (the Rents), whether due now or later, from the real property located at 4107 Industrial Avenue, Springfield, OR 97478 including without limitation chattel paper, accounts and general intangibles relating to the Rents.**

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:  
 Public-Finance Transaction  Manufactured-Home Transaction  A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:  
 Agricultural Lien  Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable):  Lessee/Lessor  Consignee/Consignor  Seller/Buyer  Bailee/Bailor  Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA:

### UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because individual Debtor name did not fit, check here

OR	9a. ORGANIZATION'S NAME	ACR Properties, LLC		
	9b. INDIVIDUAL'S SURNAME			
	FIRST PERSONAL NAME			
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		

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10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c

OR	10a. ORGANIZATION'S NAME				
	10b. INDIVIDUAL'S SURNAME	Hammer			
	INDIVIDUAL'S FIRST PERSONAL NAME	Maximillian			
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
	Emerson				
10c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
PO Box 2266		Eugene	OR	97402	USA

11.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

OR	11a. ORGANIZATION'S NAME				
	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

<p>13. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)</p> <p>15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):</p>	<p>14. This FINANCING STATEMENT:</p> <p><input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input type="checkbox"/> is filed as a fixture filing</p> <p>16. Description of real estate:  <b>Parcel 1, LAND PARTITION PLAT NO. 2020-P2975, as platted and recorded September 30, 2020, Reception No. 2020-055387, Lane County Deeds and Records, in Lane County, Oregon.</b></p>
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17. MISCELLANEOUS:

### UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here

9a. ORGANIZATION'S NAME <b>ACR Properties, LLC</b>	
OR	
9b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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10a. ORGANIZATION'S NAME					
OR					
10b. INDIVIDUAL'S SURNAME <b>Hammer</b>					
INDIVIDUAL'S FIRST PERSONAL NAME <b>Oliver</b>					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) <b>Kane</b>				SUFFIX	
10c. MAILING ADDRESS <b>PO Box 2266</b>		CITY <b>Eugene</b>	STATE <b>OR</b>	POSTAL CODE <b>97402</b>	COUNTRY <b>USA</b>

11.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME					
OR					
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX		
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY

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OR	
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FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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10a. ORGANIZATION'S NAME <b>LULU II, LLC</b>	
OR	
10b. INDIVIDUAL'S SURNAME	
INDIVIDUAL'S FIRST PERSONAL NAME	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10c. MAILING ADDRESS <b>PO Box 2266</b>	CITY <b>Eugene</b>	STATE <b>OR</b>	POSTAL CODE <b>97402</b>	COUNTRY <b>USA</b>
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11.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME			
OR			
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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14. This FINANCING STATEMENT:  
 covers timber to be cut     covers as-extracted collateral     is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

16. Description of real estate:  
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FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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10a. ORGANIZATION'S NAME				
OR				
10b. INDIVIDUAL'S SURNAME <b>Hammer</b>				
INDIVIDUAL'S FIRST PERSONAL NAME <b>John</b>				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) <b>Patrick</b>				SUFFIX
10c. MAILING ADDRESS <b>PO Box 2266</b>	CITY <b>Eugene</b>	STATE <b>OR</b>	POSTAL CODE <b>97402</b>	COUNTRY <b>USA</b>

11.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

11a. ORGANIZATION'S NAME			
OR			
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
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10a. ORGANIZATION'S NAME					
OR					
10b. INDIVIDUAL'S SURNAME <b>Divine</b>					
INDIVIDUAL'S FIRST PERSONAL NAME <b>John</b>					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) <b>Roscoe</b>				SUFFIX	
10c. MAILING ADDRESS <b>555 Lincoln St</b>		CITY <b>Eugene</b>	STATE <b>OR</b>	POSTAL CODE <b>97401</b>	COUNTRY <b>USA</b>

11.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

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10a. ORGANIZATION'S NAME	
OR	
10b. INDIVIDUAL'S SURNAME <b>Divine</b>	
INDIVIDUAL'S FIRST PERSONAL NAME <b>Conor</b>	
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

10c. MAILING ADDRESS <b>5305 NE 57th Ave</b>	CITY <b>Portland</b>	STATE <b>OR</b>	POSTAL CODE <b>97209</b>	COUNTRY <b>USA</b>
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OR	10a. ORGANIZATION'S NAME				
	10b. INDIVIDUAL'S SURNAME	<b>Divine</b>			
	INDIVIDUAL'S FIRST PERSONAL NAME	<b>Ari</b>			
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX		
	<b>K.</b>				

10c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
<b>74 NE Cook St. Apt B</b>	<b>Portland</b>	<b>OR</b>	<b>97212</b>	<b>USA</b>

11.  ADDITIONAL SECURED PARTY'S NAME or  ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

OR	11a. ORGANIZATION'S NAME			
	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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