FILED: MAY 07, 2021 01:25 PM OREGON SECRETARY OF STATE



IEN NO. 92795396 CLONINGER.

	ucc	LIEN NO. 92	2795396 CLON	INGER, JASON
UCC FINANCING STATEMENT				
FOLLOW INSTRUCTIONS	<del></del>			
A. NAME & PHONE OF CONTACT AT FILER [optional] Suzanne Earle - 541-850-7813	1			
B. E-MAIL CONTACT AT FILER [optional]	<del></del>			
B. E-WALL CONTACT AT FILER (optional)				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
Klamath Public Employees Federal Cre	dit Union			
3737 Shasta Way				
Klamath Falls, Oregon 97603				
│ Our UCC # <b>※</b> 03857		•		
			R FILING OFFICE US	
1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full	Il name; do not omit, modify, or abbreviate any lide the Individual Debtor information in item 10	part of the Debtor's r	name); if any part of the in- rement Addendum (Form i	dividual Debtor's JCC1Ad)
name will not fit in line 1b, leave all of item 1 blank, check here and provi	the individual Deptor Information in item 10	or the children of the		
1d. ONGANIZATION STRAINE				
OR 1b. INDIVIDUAL'S SÜRNAME	FIRST PERSONAL NAME	ADDITION	AL NAME(S)/INITIAL(S)	SUFFIX
Cloninger	Jason			
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
1947 Lancaster Avenue	Klamath Falls	OR	97603	USA
2. DEBTOR'S NAME - Provide only one debtor name (2a or 2b) (use exact, full	name; do not omit, modify or abbreviate any pa ride the Individual Debtor information in item 10	art of the Debtor's na	me); if any part of the indi	vidual Debtor's
name will not fit in line 2b, leave all of item 1 blank, check here and prov  2a, ORGANIZATION'S NAME	ride the individual Deptor information in Item 10	or the Financing Sta	tternent Addendam (Form	
2a. ORGANIZATION'S NAME				
OR 25, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX
2c, MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC	URED PARTY): Provide only one Secured Part	ty name (3a or 3b)		
3a. ORGANIZATION'S NAME	11-1-			
Klamath Public Employees Federal Credit		LADDITION	IAL NAME(S)/INITIAL(S)	SUFFIX
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	AL NAME(S)/MITTAL(S)	John
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3737 Shasta Way	Klamath Falls	OR	97603	USA
	Trialitati alio	10.1	10.000	
COLLATERAL; This financing statement covers the following collateral:				
2020 Honda 60hp Power Thrust Boat Moto	or Model # BFP60A1LR	T - Serial #	# BBFJ-1120	936
•				
•				
				•
5. Check only if applicable and check only one box: Collateral is held in a Tru	ust (see UCC1Ad, item 17 and instructions)	being administ	ered by a Decedent's Per	sonal Representative
Check only if andicable and check only one box	· · · · · · · · · · · · · · · · · · ·		·	
6. Public-Finance Transaction A Debtor is a Tra	nsmittina Utility			
		П	/Poilor	inappooli inappo
7. ALTERNATIVE DESIGNATION [if applicable]: Lessee/Lessor	Consignee/Consignor Seller/Buyer	Bailee	/Bailor L	icensee/Licensor
8. OPTIONAL FILER REFERENCE DATA				