



UCC

LIEN NO. 93729061

JAKE'S HANDYMAN SOLU

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER [optional]
Didi Aho (541) 967-8551

B. E-MAIL CONTACT AT FILER [optional]
d.aho@ocwcog.org

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

**Oregon Cascades West Council of Governments
 C/O CCD Business Development Corporation
 540 Anderson Avenue
 Coos Bay, OR 97420**

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
Jake's Handyman Solutions LLC dba Hub City Junk Removal

OR

1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

640 SW 4th Avenue Albany OR 97321 USA

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
Jake's Handyman Solutions LLC dba Sudz in the Bucket

OR

2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

2c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

640 SW 4th Avenue Albany OR 97321 USA

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
Oregon Cascades West Council of Governments

OR

3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

1400 Queen Avenue SE, Ste. 205 Albany OR 97321 USA

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

(a) All accounts, rights inventory, equipment, farm products, fixtures, general intangibles, money, instruments, chattel paper, deposit accounts, documents, investment property, letter-of-credit rights, and supporting obligations including but not limited to the equipment and personal property.

(b) All products, proceeds, rents, and profits of the assets;?

(c) All the Debtor's books and records relating to the assets; and??

(d) All the assets, whether now owned or existing, whether subsequently acquired or arising, or in which the Debtor now has or subsequently acquires any rights.

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

6. Check only if applicable and check only one box: Public Finance Transaction A Debtor is a Transacting Utility

7. ALTERNATIVE DESIGNATION (if applicable) Lessor/Lessor Consignee/Consignor Seller/Buyer Bailor/Bailer Licensor/Licensee

8. OPTIONAL FILER REFERENCE DATA

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS

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

9a. ORGANIZATION'S NAME
Jake's Handyman Solutions LLC dba Hub City Junk Removal

OR

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S) SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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 UCC-1) (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

10a. ORGANIZATION'S NAME

OR

10b. INDIVIDUAL'S SURNAME
Thompson

INDIVIDUAL'S FIRST PERSONAL NAME
Lindsey

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX
Rae

10c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
640 SW 4th Avenue Albany OR 97321 USA

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

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT: covers timber to be cut covers as-extracted collateral is filed as a future filing

15. Name and address of a RECORD OWNER of above-described real estate described in item 13 (if Debtor does not have a record interest):

16. Description of real estate:

17. MISCELLANEOUS:

**USE THIS FORM TO ADD NAMES ONLY
(DO NOT USE FOR CHANGES, DELETIONS, OR ASSIGNMENTS)**

**UCC FINANCING STATEMENT ADDITIONAL PARTY
FOLLOW INSTRUCTIONS**

18. 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

18a. ORGANIZATION'S NAME Jake's Handyman Solutions LLC dba Hub City Junk Removal	
OR	
18b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

19. ADDITIONAL DEBTOR'S NAME - Provide only one Debtor name (19a or 19b) - (Use exact full name; do not omit, modify, or abbreviate any part of the Debtor's name)

19a. ORGANIZATION'S NAME				
OR				
19b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
Thompson	Jacob	Lee		
19c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
640 SW 4th Avenue	Albany	OR	97321	USA

20. ADDITIONAL DEBTOR'S NAME - Provide only one Debtor name (20a or 20b) - (Use exact full name; do not omit, modify, or abbreviate any part of the Debtor's name)

20a. ORGANIZATION'S NAME				
OR				
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
20c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

21. ADDITIONAL DEBTOR'S NAME - Provide only one Debtor name (21a or 21b) - (Use exact full name; do not omit, modify, or abbreviate any part of the Debtor's name)

21a. ORGANIZATION'S NAME				
OR				
21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
21c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

22. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

22a. ORGANIZATION'S NAME				
OR				
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

23. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (23a or 23b)

23a. ORGANIZATION'S NAME				
OR				
23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

24. MISCELLANEOUS: