BOOK 222 PAGE 77

FILED FOR RECORDING AT THE REQUEST OF  THE REQUEST OF  AT THE REQUEST OF  AT THE REQUEST OF  AT THE REQUEST OF  THE REQUEST OF  AT THE REQUEST OF  ALIENCETH COUNTY RECORDER  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  IN INCOME.  IT ARROWS SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE ONLY  THE ABOVE SPACE IS FOR THE REQUEST OF THE OFFICE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE ONLY  THE ABOVE SPACE IS FOR THE OCUPLY OF THE OFFICE ONLY  THE ABOVE SPACE IS FOR FILING OFFICE ONLY  THE ABOVE SPACE IS FOR THE OCUPLY OF THE OFFICE ONLY  THE ABOVE SPACE IS FOR THE OCUPLY OF THE OCUPLY OFFICE OFFICE ONLY  THE ABOVE SPACE IS FOR THE OCUPLY OF THE OCUPLY			_		
A NAME & PHONE OF CONTACT AT FILER (potional)  B. SEND ACIONOMLEDGMENT TO: (Name and Address)  Sunny Aline Fallis 2019 Acro Way 103  PMB 192  Medford, OR. 97504  LINCOLH COUNTY RECORDER  FEEL ZOO  9EPO  LESLIE BOUCHER  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  11. DEBTOR'S EXACT FULL LEGAL NAME: insertionly gog debtor name (1st or 1s)-denot abbreviate or combine names  12. ARCHARDATION'S NAME  OR 15. INDIVIDUAL'S LAST NAME  Fallis  ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME: insert only gog debtor name (2st or 2st)-do not abbreviate or combine names  12. ANDITIONAL DEBTOR'S EXACT FULL LEGAL NAME: insert only gog debtor name (2st or 2st)-do not abbreviate or combine names  2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME: insert only gog debtor name (2st or 2st)-do not abbreviate or combine names  2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME: insert only gog debtor name (2st or 2st)-do not abbreviate or combine names  2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME: insert only gog debtor name (2st or 2st)-do not abbreviate or combine names  2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME: insert only gog debtor name (2st or 2st)-do not abbreviate or combine names  2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME: insert only gog debtor name (2st or 2st)-do not abbreviate or combine names  2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME: insert only gog debtor name (2st or 2st)-do not abbreviate or combine names  2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME: insert only gog debtor name (2st or 2st)-do not abbreviate or combine names  2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME: insert only gog debtor name (2st or 2st)-do not abbreviate or combine names  2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME: insert only gog debtor name (2st or 2st)-do not abbreviate or combine names  2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME: insert only gog debtor name (2st or 2st)-do not abbreviate or combine names  2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME: insert only gog debtor name (2st or 2st)-do not abbreviate or combine names  2. ADDIT			FILE	FOR RECO	RDING
A. NAME & PHONE OF CONTACT AT FILER (optional)  B. SEND ACRONOMLEDGMENT TO: (Name and Address)  Sushy Aline Fallis  2019 Aero Way 103  PMB 192  Medford, OR. 97504  LINCOLH COUNTY RECORDER  FEEL ZOO 9EPO- LESLIE BOUCHER  THE ABOVE SPACE 19 FOR FILING OFFICE USE ONLY  1. DEBTOR'S EXACT FULL LEGAL NAME: insert only good debtor name (1a or 1b)-donotable related or combine names  15. ORGANIZATION'S NAME  PAULIS MICHAEL  IT STAME  MI			ATT	HE REQUES	STOF (
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Sunny Aline Fallis 2019 Aero Way 103 PMB 192 Medford, OR. 97504  LESLIE BOUCHER  THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY  1.DEBTOR'S EXACT FULL LEGAL NAME insert only goal dishtor name (fix or 1b) - do not abhormate or combine names  Tix. ORGANIZATION'S NAME  Tix. ORGANIZATION'S NAME  Tix. ORGANIZATION'S NAME  Tix. Individual's Last name  FREST NAME  Michael  Lestie  Michael  Lestie  Michael  Lestie  1017  SIATE  POSTAL CODE  COUNTRY  300 North Highway 93  Alamo  NV 89001  US  2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - meent only goal dishtor name (2a or 2b) - do not abhormation or combine names  2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - meent only goal dishtor name (2a or 2b) - do not abhormation or combine names  DR  2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - meent only goal dishtor name (2a or 2b) - do not abhormation or combine names  DR  2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - meent only goal dishtor name (2a or 2b) - do not abhormation or combine names  DR  2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - meent only goal dishtor name (2a or 2b) - do not abhormation or combine names  DR  2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - meent only goal dishtor name (2a or 2b) - do not abhormation or combine names  DR  2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - meent only goal dishtor name (2a or 2b) - do not abhormation or combine names  DR  2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - meent only goal dishtor name (2a or 2b) - do not abhormation or combine names  DR  2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - meent only goal dishtor name (2a or 2b) - do not abhormation or combine names  DR  2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - meent only goal dishtor name (2a or 2b) - do not abhormation or combine names  DR  2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - meent only goal dishtor name (2a or 2b) - do not abhormation or combine names  DR  2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - meent only goal dishtor name (2a or 2b) - do not abhormatic or combine names  DR  2.	B. SEND ACKNOWLEDGMENT TO: (Name and Address)		2000 000	C) 900	.40
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Medford, OR. 97504    LESLIE BOUCHER	I *		LINCOLY	COUNTY REC	CORDER
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Tab. INDIVIDUAL'S LAST NAME	1 DEDTOD'S EVACTER LI SOM MANS			R FILING OFFICE	USE ONLY
Fallis  Michael  Leslie  CITY  STATE  POSTAL CODE  COUNTRY  300 North Highway 93  Alamo  NV 89001  US  Alamo  NV 89001  US  Alamo  ADDITIONAL DEBTOR'  CARANIZATION DEBTOR'  ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names.  2a. ORGANIZATION'S NAME  OR  2b. INDIVIDUAL'S LAST NAME  Fallis  Lora  Belle  CITY  STATE  POSTAL CODE  COUNTRY  NONE  Alamo  NV 89001  US  300 North Highway 93  Alamo  NV 89001  US  300 North Highway 93  Alamo  NV 89001  US  300 North Highway 93  Alamo  NV 89001  US  305 SEEINSTRUCTIONS  ADDITINFO RE  GRGANIZATION  GRGANIZATION  DEBTOR  ADDITINFO RE  GRGANIZATION  GRGANIZATION  GRGANIZATION  GRGANIZATION  GRGANIZATION  ALAMO  NV 89001  US  305 SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)  Sa. ORGANIZATION'S NAME  FIRST NAME  Suppy  Aline  CR 3b. INDIVIDUAL'S LAST NAME  FIRST NAME  Suppy  Aline  COUNTRY  STATE  POSTAL CODE  COUNTRY  NONE  SA. ORGANIZATION'S NAME  CR 3b. INDIVIDUAL'S LAST NAME  FIRST NAME  Suppy  Aline  COUNTRY  STATE  POSTAL CODE  COUNTRY  US  COUNTRY  STATE  Suppy  Aline  COUNTRY  STATE  POSTAL CODE  COUNTRY  US  COUNTRY  STATE  POSTAL CODE  COUNTRY  STATE  POSTAL CODE  COUNTRY  STATE  POSTAL CODE  COUNTRY  US  COUNTRY  STATE  POSTAL CODE  COUNTRY  COUNTRY  Medford  OR  97504  US		(12 Or 1 b) - do not appreviate or combine name			
Fallis  Michael  Leslie  CITY  STATE  POSTAL CODE  COUNTRY  300 North Highway 93  Alamo  NV 89001  US  1d. SEEINSTRUCTIONS  CROANIZATION  CROANIZATION  DEBTOR  ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only gog debtor name (2a or 2b) - do not abbreviate or combine names.  2a. ORGANIZATION'S NAME  OR  2b. INDIVIDUAL'S LAST NAME  FIRST NAME  FIRST NAME  Lora  Belle  2c. MAILING ADDRESS  ON ONTH Highway 93  Alamo  NV 89001  US  300 North Highway 93  Alamo  NV 89001  US  305 SEEINSTRUCTIONS  ADDITINFO RE (2a) TYPE OF ORGANIZATION  DEBTOR  ADDITINFO RE (2a) TYPE OF ORGANIZATION  DEBTOR  ASSERINSTRUCTIONS  ADDITINFO RE (2a) TYPE OF ORGANIZATION  DEBTOR  SECURED PARTY'S NAME (orname of TOTAL ASSIGNEE of ASSIGNOR SP)- insert only gog secured party name (3a or 3b)  Sa. ORGANIZATION'S NAME  OR  3b. INDIVIDUAL'S LAST NAME  FIRST NAME  SUFFIX  Fallis  Suany  Aline  SUFFIX  STATE POSTAL CODE  COUNTRY  NONE  SA. ORGANIZATION'S NAME  OR  3b. INDIVIDUAL'S LAST NAME  FIRST NAME  Suany  Aline  SUFFIX  STATE POSTAL CODE  COUNTRY  US  STATE POSTAL CODE  COUNTRY  STATE POSTAL CODE  COUNTRY  STATE POSTAL CODE  COUNTRY  OR  SMIDDLE NAME  SUFFIX  Aline  SUAFIX  Fallis  Suany  Medford  OR  97504  US		_			
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Fallis  Lora  Belle  2c. MAILING ADDRESS  300 North Highway 93  Alamo  NV 89001  US  2d. SEEINSTRUCTIONS  ORGANIZATION  DEBTOR  AND LINFO RE ORGANIZATION  DEBTOR  Alamo  Alamo  Alamo  ORGANIZATION DEBTOR  Alamo  S. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only ong secured party name (3a or 3b)  3a. ORGANIZATION'S NAME  OR  3b. INDIVIDUAL'S LAST NAME  Fallis  Sunny  Aline  SC. MAILING ADDRESS  CITY  Medford  OR 97504  US	DR 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	TSUFFIX
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2019 Aero Way 103 PMB 192 Medford OR 97504 US					COLATION
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h. This FINANCING STATEMENT covers the following collateral:	البارات والمراجع والمستمين والمتناز المراجع والمستمين والمستمين والمتناز والمتناز والمتناز والمتناز	Medford	UK	97504	108
	4. This FINANCING STATEMENT covers the following collateral:				
Alamo Meadow Lane Motel - 300 North Hwy. 93 - Alamo, NV. 89001 - Employer ID# 88-0374115; All that real property					
situate in the Pahranagat Valley, County of Lincoln, State of Nevada, bounded and described as follows; Commencing at the					
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