



UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

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|---|
| A. NAME & PHONE OF CONTACT AT FILER (optional) Cheryl Marie Carter |
| B. E-MAIL CONTACT AT FILER (optional) basksegenekkw@startmail.com |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address) Cheryl Marie Carter c/o Post Office Box 643 Cave Junction, Oregon [97523] |

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 CHERYL MARIE CARTER | | | | | |
| OR | 1b. INDIVIDUAL'S SURNAME | | | | |
| | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | | |
| 1c. MAILING ADDRESS PO BOX 643 | | CITY CAVE JUNCTION | STATE OR | POSTAL CODE 97523 | COUNTRY 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 | | | | | |
| OR | 2b. INDIVIDUAL'S SURNAME | | | | |
| | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | | |
| 2c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE | COUNTRY |

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 Cheryl Marie Carter | | | | | |
| OR | 3b. INDIVIDUAL'S SURNAME | | | | |
| | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | | |
| 3c. MAILING ADDRESS c/o Post Office Box 643 | | CITY Cave Junction | STATE OR | POSTAL CODE [97523] | COUNTRY USA |

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

File Number: CMCAFFOWNRFA002

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: