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Official Record

Recording requested By
CHERYL MARIE CARTER

Lincoln County - NV
Leslie Boucher   - Recorder

Fee: $40.00   Page 1   of 2
RPTT: Recorded By: LB
Book- 308 Page- 0225

0150765

File No: cmcaffownrfa003

AFFIDAVIT OF OWNERSHIP

State of Oregon   }

              } **SS**

County of Josephine   }

County Recorder's Stamp (above)

ID NO	RECEIPT NO	RECEIPT Date
CSU001772	2325	5/20/2015
A000893	876741	3/28/2012
386210323	701462	3/14/2012
AK01596	374148	10/7/2011
318SNHC13392	374147	09/2/2011
BB0011630M	6859	11/15/2010
US003234B	6859	11/15/2010
Q1563762	9975	8/1/1999
FN062046	876737	3-07-12
2574	N/A, Private Inheritance	N/A
582416	N/A, Private Inheritance	N/A
CXD-44	N/A, Private transaction	Transaction date 3/14/2012

I, the undersigned, of lawful age and being first duly sworn on oath, depose and state that I am familiar with the facts recited, and the party named in said deed(s) is the same party as one of the owners named in said deed(s)/certificate(s) of title.

By: Cheryl Marie Carter , UCC1-308
All Rights reserved, Signature Non-negotiable

Signed and sworn to before me this 19th day of December _____ , 2016

_____
Notary Public

My Commission Expires: April 18, 2020

Notary Stamp

This document corrects & supersedes document File No: CMCAFFOWNRFA002, notarized 10/25/16, Recorded 11/1/2016 at 11:37 AM, Recording #0150414, at Lincold County, NV, due to Recorder's label obscuring the File number of the document.

UCC FINANCING STATEMENT
FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
Cheryl-Marie: Carter

B. E-MAIL CONTACT AT FILER (optional)
basksegenekkwe@startmail.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Cheryl-Marie: Carter
c/o Post Office Box 643
Cave Junction, Oregon [97523]
Non-domestic

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			
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			
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			
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: cmcaffownrfa003

[This document, (along with a new, corrected, and associated Affidavit of Ownership), is to correct, replace, & supersede UCC1 Financing Statement recorded on 11-01-2016 at Lincoln County, NV Recorder's Office, in Book 307, Page 83, Record Number 0150414, due to the file number on the original Affidavit of Ownership, (associated with the original, aforementioned UCC1), being obscured by the County Recorder's stamp at the time it was recorded. Therefore, it appeared as though the original, aforementioned UCC1 could not be connected to, or associated with, the original Affidavit of Ownership, which, of course, defeated the purpose of the entire transaction.

This document, as well as a new, associated Affidavit of Ownership, which displays the file number clearly, are to replace, correct, and supersede the entire previous transaction, which was originally recorded on 11-01-2016, document number 0150414, (Recorder's Office number), and consisted of two documents, an Affidavit of Ownership, and a UCC1 financing statement. This new transaction will be given a new file number to avoid confusion. The original file number for the transaction recorded on 11-01-2016 was CMCAFFOWNRFA002. The new file number for the new, replacement transaction is cmcaffownrfa003.]

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/Licensor

8. OPTIONAL FILER REFERENCE DATA:

FILING OFFICE COPY — UCC FINANCING STATEMENT (Form UCC1) (Rev. 04/20/11)   International Association of Commercial Administrators (IACA)