UCC FINANCING ST FOLLOW INSTRUCTIONS (from A. NAME & PHONE OF CONTA Diligenz, Inc. 1-800-858- B. SEND ACKNOWLEDGMENT 43885312 Prepared By: Difigenz, Inc. 6500 Harbour He Mukilteo, WA 98	nt and back) OT AT FILE 5294 TO: (Nam	CAREFULLY R [optional] le and Address)		Recor DILIG Mike Fee: \$	fiding ENZ Eure Reb \$42.0	requested By eka County - N aleati - Reco 0 Page 1	V rder of 2 H By: FES
OLLOW INSTRUCTIONS (from A. NAME & PHONE OF CONTA Diligenz, Inc. 1-800-858-8. SEND ACKNOWLEDGMENT 43885312 Prepared By: Diligenz, Inc. 6500 Harbour He	nt and back) OT AT FILE 5294 TO: (Nam	CAREFULLY R [optional] le and Address)		Mike Fee: s RPTT	Eure Reb \$42.0 - 049	paleati — Reco 0 Page 1 Recorded D Page 0033	rder of 2 1 By: FES
OLLOW INSTRUCTIONS (from A. NAME & PHONE OF CONTA Diligenz, Inc. 1-800-858-8. SEND ACKNOWLEDGMENT 43885312 Prepared By: Diligenz, Inc. 6500 Harbour He	nt and back) OT AT FILE 5294 TO: (Nam	CAREFULLY R [optional] le and Address)		Fee: q	Reb \$42.0 (- 049)	paleati — Reco 0 Page 1 Recorded D Page 0033	rder of 2 1 By: FES
A. NAME & PHONE OF CONTA Diligenz, Inc. 1-800-858- B. SEND ACKNOWLEDGMENT 43885312 Prepared By: Diligenz, Inc. 6500 Harbour He	CT AT FILE 5294 TO: (Nam	R [optional] ne and Address)		RPTT	- 649	Recorded D Page- 0033	By: FES
Diligenz, Inc. 1-800-858- 3. SEND ACKNOWLEDGMENT 43885312 Prepared By: Diligenz, Inc. 6500 Harbour He	5294 TO: (Nam	e and Address)		Book			
43885312 Prepared By: Diligenz, Inc. 6500 Harbour He	TO: (Nam	ŕ	7	0213	630		
Prepared By: Diligenz, Inc. 6500 Harbour He	_	vy, Suite 400		0213	630		
Ditigenz, Inc. 6500 Harbour He	_	yy, Suite 400		0213	630		
6500 Harbour He	_	yy, Suite 400	,			\ \	
	_	vy, Suite 400	,			\ \	
Mukilteo, WA 98	275				The same of the sa	\ \	
			<	Manager 1			
		Filed In: No	evada Eureka		Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, whic		
DEDTABLATER				BOVE SPACE	15 FO	R FILING OFFICE USE	ONLY
1a. ORGANIZATION'S NAME	GAL NAME-	insert only <u>one</u> debtor name (12 or 15	b) - do not abbreviate or combine names	State of the local division in which the local division is not as a second division in the local division in t			\rightarrow
				1		1	· \
DR 16. INDIVIDUAL'S LAST NAME			FIRST NAME	- 1	MIDDLE I	NAME	SUFFIX
Dubray					M		1
: MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
PO Box 966			Eureka		NV	89316	1
	LINFO RESANIZATION	1e, TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1	g. ORG/	NIZATIONAL ID#, if any	
	TOR	<u> </u> INDIVIDUAL	NEVADA		<u>/</u>		× NON
2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S LAST NAME			FIRST NAME		MIDDLE I	NAME	SUFFIX
Dubray	a de la companya de		Ferno	1	Ladd		1
c MAILING ADDRESS			CITY	76.			1
PO Box 966	100		The state of the s	3 8	STATE	POSTAL CODE	COUNTRY
FO DOX 300	/		Eureka	. %.	NV	POSTAL CODE 89316	COUNTRY
d. SEEINSTRUCTIONS ADD	D'L INFO RE BANIZATION BTOR	2e, TYPE OF ORGANIZATION INDIVIDUAL	N. N. N.		NV		COUNTRY
B. SECURED PARTY'S NAME	BANIZATION BTOR	INDIVIDUAL	Eureka 2f. JURISDICTION OF ORGANIZATION	N 2	NV	89316	
ADD ORGANIZATIONS ADD ORGANIZATION'S NAME	SANIZATION BTOR (orname@fT	INDIVIDUAL	Eureka 2f. JURISDICTION OF ORGANIZATION NEVADA (P)- insertonly one secured party name (3a o	N 2	NV	89316	
d. SEEINSTRUCTIONS ORCORD ORCO	SANIZATION BTOR (orname@fT	INDIVIDUAL	Eureka 2f. JURISDICTION OF ORGANIZATION NEVADA (P)-Insertonly one secured party name (3a of 2a)	N 2	NV 2g. ORGA	89316 ANIZATIONAL ID#, if any	NON 🔀
d. SEEINSTRUCTIONS ORCORD DEE SECURED PARTY'S NAME 3a. ORGANIZATION'S NAME	SANIZATION BTOR (orname@fT	INDIVIDUAL	Eureka 2f. JURISDICTION OF ORGANIZATION NEVADA (P)- insertonly one secured party name (3a o	N 2	NV	89316 ANIZATIONAL ID#, if any	
d. SEEINSTRUCTIONS ORCORD ORCO	SANIZATION BTOR (orname@fT	INDIVIDUAL	Eureka 2f. JURISDICTION OF ORGANIZATION NEVADA (P)-Insertonly one secured party name (3a of 2a)	r3b)	NV 2g. ORGA	89316 ANIZATIONAL ID#, if any	NON 🔀

CONSIGNEE/CONSIGNOR

6. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL FESTATE RECORDS. Attach Addendum If applicable | 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [ADDITIONAL FEE] [Optional]

BAILEE/BAILOR

SELLER/BUYER

AG, LIEN

NON-UCCFILING

43885312

All Debtors Debtor 1 Debtor 2

5. ALTERNATIVE DESIGNATION [If applicable]: X LESSEE/LESSOR

8, OPTIONAL FILER REFERENCE DATA

001-0018006-000

OLLOW INSTRUCTIONS		ENT ADDENDUM CAREFULLY	1		\wedge		
	TOR (1a or 1b) C	ON RELATED FINANCING ST					
OR				i		\ \	
96. INDIVIDUAL'S LAST	IAME	FIRST NAME	MIDDLE N	AME, SUFFIX		\ \	
Dubray		Carrie	М			\ \	
10.MISCELLANEOUS:						\ \	
				<			
	510					S FOR FILING OFF	ICE USE ONLY
11. ADDITIONAL DEBTO	R'S EXACT FUL	L LEGAL NAME - insert only one	name (11a or 11b) -	do not abbreviate or co	mbine names		
11a. ORGANIZATION'S N			/ /		1 1		
OR 116. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE		SUFFIX
11c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
11d. SEEINSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTIO	ON OF ORGANIZATION	11g. ORG	SANIZATIONAL ID #, If a	any No
12 ADDITIONAL SEC	<u> </u>	'S gi ASSIGNOR S/P'	C NOME : .		OL.		
12. ADDITIONAL SEC 12a. ORGANIZATION'S N		S OF THE SERVICE STE	3 INAIVIE - Insert o	nly <u>one</u> name (12a or 1.	20)	 .	
OR 125. INDIVIDUAL'S LAST	NAME	7	FIRST NAME		MIDDLE	VAME	SUFFIX
12c. MAILING ADDRESS			CITY	_	STATE	POSTAL CODE	COUNTRY
13. This FINANCING STATEN	4EMT covers 1 tu	mber to be cut or as-extracted	1 16 Additional co	ollateral description			
collateral, or is filed as a 14. Description of real estate:	fixture filing. e # 175133 :	Sec 7 Twp 21N Rg					
		above-described real estate					
15. Name and address of a R							
(if Debtor does not have a			1				
(if Debtor does not have a			17. Check only 8	applicable and check	only one box	-	
(if Debtor does not have a				applicable and check sizes.		onotty held in thirt	Decoderts 5.1
			Debtor is a T	rust or Trustee a	cting with respect to pr	operty held in trust or	Decedent's Esta
(if Debtor does not have a			Debtor is a T	rust or Trustee as	oting with respect to prophly one box.	operty held in trust or	Decedent's Esta
(if Debtor does not have a			Debtor is a T	rust or Trustee and check of RANSMITTING UTILITY	oting with respect to pronly one box.		Decedent's Esta
(if Debtor does not have a			Debtor is a T 18. Check <u>only</u> if Debtor is a T Filed in conn	rust or Trustee as	oting with respect to proper your property one pox. Very and the property of	— effective 30 years	Decedent's Est