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DCC FINANCING STATEMENT COLLOWINSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) B. E-MAIL CONTACT AT FILER (optional) filings@loanpalsupport.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) Loanpal, LLC PO Box 4387 Portland, OR 97208 DEBTOR'S NAME: Provide only gna Debtor name (1a or 1b) (use a name will not fit in line 1b, leave all of name 1 blank, check here enter a name will not fit in line 1b, leave all of name 1 blank, check here enter a name will not fit in line 1b, leave all of name 1 blank, check here enter a name will not fit in line 1b, leave all of name 1 blank, check here enter a name will not fit in line 1b, leave all of name 1 blank, check here enter a name will not fit in line 1b, leave all of name 1 blank, check here enter a name will not fit in line 1b, leave and gna Debtor name (2a or 2b) (use a name will not fit in line 1b, leave and gna Debtor name (2a or 2b) (use a name will not fit in line 1b, leave and gna Debtor name (2a or 2b) (use a name will not fit in line 1b, leave and gna Debtor name (2a or 2b) (use a name will not fit in line 1b, leave and gna Debtor name (2a or 2b) (use a name will not fit in line 1b, leave and gna Debtor name (2a or 2b) (use a name will not fit in line 1b, leave and gna Debtor name (2a or 2b) (use a name will not fit in line 1b, leave and gna Debtor name (2a or 2b) (use a name will not fit in line 1b, leave and gna Debtor name (2a or 2b) (use a name will not fit in line 1b, leave and gna Debtor name (2a or 2b) (use a name will not fit in line 1b, leave and gna Debtor name (2a or 2b) (use a name will not fit in line 1b, leave and gna Debtor name (2a or 2b) (use a name will not fit in line 1b, leave and gna Debtor name (2a or 2b) (use a name will not fit in line 1b, leave and gna Debtor name (2a or 2b) (use a name will not fit in line 1b, leave and gna Debtor name (2a or 2b) (use a name will not fit in line 1b, leave and gna Debtor name (2a or 2b) (use a name will not fit in line 1b, leave and gna Debtor name (2a or 2b) (use a name will not fit in	exect, full name; do not omit, if provide the Individual Debt FIRST PERSON/Brent	modify, or abbreviate any for information in Itam 10 of	RICHARD DAVIS 0 04/13/2 FEE \$40 DEP RT HORTGAG	2020 11:22 AM 2:00 Pas: 2 REC'D FOR PARA ELLC PRELING OFFICE USE To name: If any part of the lets	ECORDER AMOUNT EQU	
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5. Check goly if applicable and check goly one box: Colleteral is held in a Trust (see UCC1Ad, item 17 and instructions)	being administered by a Decadent's Personal Representative
6a. Check only if applicable and check only one box: Public-Finance Transaction Menufactured-Home Transaction A Debtor is a Transmitting Utility	8b. Check only if applicable and check only one box: Agricultural Lien Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if applicable): LesseefLessor ConsigneerConsignor Seller/Buy	
8. OPTIONAL FILER REFERENCE DATA: Acct # 1910016464	

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