

# INFORMATION REQUEST

**FOLLOW INSTRUCTIONS**

<b>A. NAME &amp; PHONE OF CONTACT [optional]</b> ALEX ASIHENES 5038885030	<b>FILING OFFICE ACCT#</b>
<b>B. E-MAIL CONTACT AT FILER (optional)</b>	
<b>C. RETURN TO: (Name and Address)</b> ALEX MANPHEY ASIHENES 118 North Ainsworth street None Portland, OR 97217-97217 USA	

**DOCUMENT NUMBER: 57979760003**  
**ORDER DATE: 11/03/2016 13:19**

**IMAGE GENERATED ELECTRONICALLY FOR WEB ORDER**  
**THE ABOVE SPACE IS FOR CA FILING OFFICE USE ONLY**

**1. DEBTOR'S NAME to be searched:** 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)

<b>OR</b>	1a. ORGANIZATION NAME		
	1b. INDIVIDUAL SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)
			SUFFIX

**2. INFORMATION OPTIONS** relating to UCC filings and other notices filed in filing office that include as a Debtor the name identified in item 1

For 2a and 2b, mark this box to request a search that is **COMPLETE** to include **lapsed and unlapsed** filings. UNLESS MARKED, SEARCH MAY BE INCOMPLETE.

2a.  **SEARCH RESPONSE** with copies of ALL records found.  Please **CERTIFY** all copies (**additional \$5.00 fee per record**).

2b.  **SEARCH RESPONSE** only.

2c.  **COPIES ONLY.** Please complete the information below, as appropriate. For UCC3 records, include the type of UCC3 and corresponding filing date.

File Number	# of Copies	# of Certified Copies (Add'l Fee Applies)	File Date (Use for UCC3 Only)	Filing Type-Financing Statement, Cont., Term., Assign., Amend.
16-7550917152	1	1		

**3. CALIFORNIA SECRETARY OF STATE'S OFFICE** offers these additional searching options:

3a.  **SEARCH TO REFLECT** - Please run the search after the filing document accompanying this request has been filed.

3b.  **DEBTOR SEARCH LIMITED TO THE FOLLOWING ADDRESS:** \_\_\_\_\_

3c.  **DEBTOR SEARCH LIMITED FROM THIS DATE:** \_\_\_\_\_

3d.  **SECURED PARTY LISTING:** Insert only one name (organization or individual)

<b>OR</b>	ORGANIZATION NAME			
	INDIVIDUAL SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
	CITY	STATE	COUNTRY	



**SECRETARY OF STATE  
STATE OF CALIFORNIA  
Order Acknowledgement**

11/03/2016

ASIHENES ALEX MANPHEY  
118 NORTH AINSWORTH STREET  
NONE  
PORTLAND OR 97217-97217

Document No: 57979760003

The Secretary of State's Office has received and processed your request as indicated below.

Order Items Accepted:

<b>Item</b>	<b>Name /File No:</b>	<b>Page Count</b>
Copies Only	167550917152	5

# State of California

Secretary of State

I, **Alex Padilla**, Secretary of State of the State of California, hereby certify:

That the attached transcript of 5 page(s) was prepared by and in this office from the record on file, of which it purports to be a copy, and that it is full, true and correct.



**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of

November 03, 2016

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A handwritten signature in black ink, appearing to read "Alex Padilla".

Secretary of State

FILE # 167550917152

# UCC FINANCING STATEMENT

## FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) ALEX ASIHENE 5038885030
B. E-MAIL CONTACT AT FILER (optional)
C. SEND ACKNOWLEDGMENT TO: (Name and Address) ALEX MANPHEY ASIHENE 118 n ainsworth st Portland, OR 97217-2104 USA

DOCUMENT NUMBER: 57663790002  
FILING NUMBER: 16-7550917152  
FILING DATE: 10/13/2016 15:53

IMAGE GENERATED ELECTRONICALLY FOR WEB FILING  
THE ABOVE SPACE IS FOR CA 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)

OR	1a. ORGANIZATION'S NAME				
	1b. INDIVIDUAL'S SURNAME ASIHENE	FIRST PERSONAL NAME ALEX	ADDITIONAL NAME(S)/INITIAL(S) MANPHEY	SUFFIX	
1c. MAILING ADDRESS 118 N Ainsworth St.		CITY portland	STATE OR	POSTAL CODE 97217-2104	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)

OR	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)

OR	3a. ORGANIZATION'S NAME				
	3b. INDIVIDUAL'S SURNAME Asihene	FIRST PERSONAL NAME Alex-	ADDITIONAL NAME(S)/INITIAL(S) Manphey:	SUFFIX	
3c. MAILING ADDRESS 118 N Ainsworth street		CITY Portland	STATE OR	POSTAL CODE 97217-2104	COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:  
This Financing Statement files as fixture filing. DEBTOR is a Transmitting Utility. The Statement of Assets includes the following: All of DEBTOR's assets, land and personal property, and all DEBTOR's right, title, and interest in said assets land, and personal property, now owned and hereafter acquired, now existing and hereafter arising, and where ever located, described fully in Security Agreement AMA-630507-SA and Indemnity Bonds AMA-630507-SA-IB. Adjustment of this filing is in accord with UCC Section 1-103 and 1-101 and House Joint Resolution 192 of June 5, 1933 as in Public Law: Chap 48, 48 Stat. 112; Secured party accepts DEBTOR's signature in accord with UCC Section 1-201(39),2-401.NON-NEGOTIABLE-PRIVATE BETWEEN THE PARTIES, EXEMPT FROM LEVY. Without prejudice UCC 1-207 and 1-308.  
ADDITIONAL COLLATERAL DESCRIPTION (not all inclusive): a. Income from every source.

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:

File where deeds of trust/real property are recorded. Index as deed of trust & f

FILING OFFICE COPY

**UCC FINANCING STATEMENT ADDENDUM****FOLLOW INSTRUCTIONS**

9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because individual Debtor name did not fit, check here <input type="checkbox"/>	
OR	9a. ORGANIZATION'S NAME
	9b. INDIVIDUAL'S SURNAME ASHENE
	FIRST PERSONAL NAME ALEX
	ADDITIONAL NAME(S)/INITIAL(S) MANPHEY
	SUFFIX

DOCUMENT NUMBER: 57663790002

IMAGE GENERATED ELECTRONICALLY FOR WEB FILING  
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10. DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c					
OR	10a. ORGANIZATION'S NAME				
	10b. INDIVIDUAL'S SURNAME				
	INDIVIDUAL'S FIRST PERSONAL NAME				
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				
				SUFFIX	
10c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY

11. <input type="checkbox"/> ADDITIONAL SECURED PARTY'S NAME or <input checked="" type="checkbox"/> ASSIGNOR SECURED PARTY'S NAME: Provide only <u>one</u> name (11a or 11b)					
OR	11a. ORGANIZATION'S NAME				
	11b. INDIVIDUAL'S SURNAME ASHENES	FIRST PERSONAL NAME ALEX	ADDITIONAL NAME(S)/INITIAL(S) MANPHEY	SUFFIX	
11c. MAILING ADDRESS 118 North Ainsworth street		CITY Portland	STATE OR	POSTAL CODE 97217-2104	COUNTRY USA

12. ADDITIONAL SPACE FOR ITEM 4 (collateral):	
b. Proceeds of Secured Party's labor from every source	
c. Application for STATE of CALIFORNIA CERTIFICATION OF BIRTH, and all other Certificates of Birth, Certificates of Living Birth, Notifications of Registration of Birth, or Certificates of Registration of Birth, or otherwise entitled documents of birth -- whether County, Province, Federal, or other -- either ascribed to or derived from the name of the DEBTOR identified above, or based upon the above described birth document.	
d. Application for Social Security	
e. Application for UNITED STATES Passport	
13. <input type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATEMENT: <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input type="checkbox"/> is filed as a fixture filing.
15. Name and address of RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):	16. Description of real estate:
17. MISCELLANEOUS:	

FILING OFFICE COPY

# UCC FINANCING STATEMENT ADDENDUM

**FOLLOW INSTRUCTIONS**

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	11c. MAILING ADDRESS			
CITY	STATE	POSTAL CODE	COUNTRY	

12. ADDITIONAL SPACE FOR ITEM 4 (collateral):

f. Application for OREGON Driver License

g. Application for Marriage Certificate

h. All other property belonging to the DEBTOR including but not limited to all fiduciary accounts in the Debtors name or derivatives there of controlled by government and/or government agencies; other property belonging to the DEBTOR including but not limited to all fiduciary accounts in the Debtors name or derivatives there of controlled by government and/or government agencies; (i) All Accounts Public and Private and Other Rights to Payment; (ii) Inventory;

13. <input type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATEMENT: <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input type="checkbox"/> is filed as a fixture filing.
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# UCC FINANCING STATEMENT ADDENDUM

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	11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE

12. ADDITIONAL SPACE FOR ITEM 4 (collateral): (iii) Equipment; (iv) Instruments and Chattel Paper; (v) General Intangibles; (vi) Documents: All documents of title including but not limited to: bills of lading, dock warrants and receipts and warehouse receipts. (vii) Farm Products and Supplies; (viii) Government Payments and Programs; (ix) Investment Property; (x) Progeny; (xi) Biological Material and Information:				
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11c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (collateral): (xii) Biological Records: (xiii) Personal Information:				

13. <input type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATEMENT: <input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input type="checkbox"/> is filed as a fixture filing.
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