M05-65534

Klamath County, Oregon 09/30/2005 03:41:44 PM Pages 6 Fee: \$46.00

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FULLOW INSTRUCTIONS (IN	nt and back) CAREFULLY
A. NAME & PHONE OF CON	TACT AT FILER [optional]
B. SEND ACKNOWLEDGME	NT TO: (Name and Address)
Umpqua Ba Loan Suppo 250 NE Gard Roseburg, C	ort Services den Valley Blvd, Suite 12/ PO Box 1580
L	1St 654447 -

1c. MAILING ADDRESS PO BOX 40051  1d. SEE INSTRUCTIONS ORGANIZATION DEBTOR  ADD'L INFO RE ORGANIZATION OR ORGANIZATION DEBTOR  LLC OR  1e. TYPE OF ORGANIZATION OR ORGANIZATION'S NAME  2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names  2a. ORGANIZATION'S NAME  FIRST NAME  MIDDLE NAME SU  2b. INDIVIDUAL'S LAST NAME  ADD'L INFO RE ORGANIZATION ORGANIZATI	Y	FILING OFFICE USE ONI	CE IS FOI	BOVE SPA	THE ABOV	<u> </u>			ш
1a. ORGANIZATION'S NAME  CAVE INCOME PROPERTIES, L.L.C.  1b. INDIVIDUAL'S LAST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  STATE  POSTAL CODE  OR  97404-0004  L  CITY  EUGENE  OR  ORGANIZATION  DEBTOR  LLC  OR  ADD'L INFO RE  ORGANIZATION  DEBTOR  19. TYPE OF ORGANIZATION  DEBTOR  LLC  OR  ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names  2a. ORGANIZATION'S NAME  OR  2b. INDIVIDUAL'S LAST NAME  FIRST NAME  MIDDLE NAME  SU  TOTAL CODE  CO  CO  CO  CO  CO  CO  CO  CO  CO  C	<del></del>			es	or 1b) - do not abbreviate or combine names	- insert only one debtor name (1a	LL LEGAL NAME	DEBTOR'S EXACT FU	1. C
OR 20. INDIVIDUAL'S LAST NAME    10. INDIVIDUAL'S LAST NAME		<u> </u>		***************************************			ME	1a. ORGANIZATION'S NAI	
16. INDIVIDUAL'S LAST NAME  17. MAILING ADDRESS  PO BOX 40051  18. STATE POSTAL CODE OR 97404-0004  19. ORGANIZATION OR ORGANIZATION O						IES, L.L.C.	PROPERT		
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PO BOX 40051    EUGENE									
1d. SEE INSTRUCTIONS   ADD'L INFO RE ORGANIZATION   1f. JURISDICTION OF ORGANIZATION   1g. ORGANIZATIONAL ID #, if any 666387-85    2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2s or 2b) - do not abbreviate or combine names  2e. ORGANIZATION'S NAME   FIRST NAME   MIDDLE NAME   SU  2c. MAILING ADDRESS   CITY   STATE   POSTAL CODE   CO  2d. SEE INSTRUCTIONS   ADD'L INFO RE ORGANIZATION   2f. JURISDICTION OF ORGANIZATION   2g. ORGANIZATIONAL ID #, if any ORGANIZATION   DEBTOR   2s. TYPE OF ORGANIZATION   DEBTOR   2s. ORGANIZATION   DEBTOR   2s. ORGANIZATION   2f. JURISDICTION OF ORGANIZATION   2g. ORGANIZATIONAL ID #, if any ORGANIZATION   DEBTOR   3s. ORGANIZATION'S NAME   ORGANIZATION   3s. ORGANIZATION'S NAME   3s. ORGANIZATION'S N	OUNTRY	OSTAL CODE	STATE		CITY			MAILING ADDRESS	1c. N
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Umpqua Bank									اء
OR 35. INDIVIDUAL'S LAST NAME FIRST NAME SU	JFFIX	ME S	MIDDLE N		FIRST NAME		AME .	3b. INDIVIDUAL'S LAST N	١``[
	DUNTRY	OSTAL CODE	STATE		CITY				
C/O Loan Support Services, PO Box 1580 Roseburg OR 97470 U	JSA	97470	OR		Roseburg	PO Box 1580	t Services,	C/O Loan Suppor	C/

- 4. This FINANCING STATEMENT covers the following collateral:
- DEFINITIONS. As used in this Collateral description, the following words have the meanings stated below: 1.
- Grantor and Debtor. The word "Grantor" also includes the Debtor named in any related UCC Financing 1.1 Statement.
- Real Property. The term "Real Property" means the property at 2560 Campus Drive, Klamath Falls, OR 97601 more particularly described below, including all of Grantor's rights of ingress and egress to the Real Property: See attached Exhibit "A".
- The word "Improvements" means all buildings, structures, fixtures and other Improvements. improvements of every kind and nature now or hereafter located on or about the Real Property.
- 1.4 Premises. The word "Premises" means the Real Property and the Improvements.
- 2. PERSONAL PROPERTY. All personal property, except personal property owned by tenants occupying

(Continued on attached Financing Statement Addendum)

5. ALTERNATIVE DESIGNATION [if applicable]:	LESSEE/LESSOR	CONSIGNEE/CONSI	SNOR BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
<ol> <li>This FINANCING STATEMENT is to be file ESTATE RECORDS. Attach Addendum</li> </ol>	d [for record] (or recorded)	in the REAL 7. Che	ck to REQUEST SEARCH REI DITIONAL FEE]	PORT(S) on Debtor(s) [optional]	Ali Debtors	Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA						
69695935						

Harland Financial Solutions 400 S.W. 6th Avenue, Portland, Oregon 97204



CC FINANCING LLOW INSTRUCTIONS (F		NT ADDENDUM REFULLY					
		RELATED FINANCING STATI	EMENT				
9a. ORGANIZATION'S NAME CAVE INCOME		S, L.L.C.					
9b. INDIVIDUAL'S LAST NA	ME	FIRST NAME	MIDDLE NAME, SUFFIX				
MISCELLANEOUS:							
				THE ABOVE S	PACE I	S FOR FILING OFFI	CE USE ONLY
. ADDITIONAL DEBTOR		LEGAL NAME - insert only one na	ame (11a or 11b) - do not abbre	viate or combine names			
11b. INDIVIDUAL'S LAST N	IAME		FIRST NAME	N.	MIDDLE I	NAME	SUFFIX
10000000			CITY		STATE	POSTAL CODE	COUNTRY
. MAILING ADDRESS							
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ADDITIONAL SECT		or ASSIGNOR S/P'S	NAME - insert only one name	e (12a or 12b)			
12b. INDIVIDUAL'S LAST	NAME		FIRST NAME	ĪN.	MIDDLE	NAME	SUFFIX
			CITY		STATE	IPOSTAL CODE	COUNTRY
c. MAILING ADDRESS							
B. This FINANCING STATEMI collateral, or is filed as a [ B. Description of real estate:	ENT covers timbe	r to be cut or as-extracted	accounts, docu general intangil goods, instrume relating to the P	nts, and all fix d/or hereafter onnection with f the Premise nts, chattel pa ments, docur oles, payment onts and assur remises; oment, inven- s, building ma oment and ot	r acq h the s inc aper, ments t inta med b tory, ateria ther r	uired and si operation, ow luding, without contracts for s of title, cor- ingibles, lette business name furnishings, ils, supplies, waw materials	tuated upor mership, use ut limitation sale, deposi ntract rights ers of credit es of Granto appliances maintenance or supplies
Name and address of a RE Debtor does not have a rec		ove-described real estate (if	Premises; 2.3 All warra  17. Check only if applicable a Debtor is a Trust or  18. Check only if applicable a Debtor is a TRANSMITTIN	nties, licenses and check only one box. Trustee acting with respo	s, fra	nchises, plats	_
			Property and the second	Manufactured-Home Tra		offeetive 20	

CC FINANCING STATEME DLLOW INSTRUCTIONS (front and back) CA						
NAME OF FIRST DEBTOR (1a or 1b) ON		TEMENT				
9a. ORGANIZATION'S NAME	ESILC					
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
MISCELLANEOUS:						
			THE ABOVE	SPACE	IS FOR FILING OFFIC	E USE ONLY
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11a. ORGANIZATION'S NAME						
11b. INDIVIDUAL'S LAST NAME		FIRST NAME	<del></del>	MIDDLE	NAME	SUFFIX
MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
SEE INSTRUCTIONS   ADD'L INFO RE   ORGANIZATION   DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGA	ANIZATION	11g. OR	 GANIZATIONAL ID #, if an	у Лиол
ADDITIONAL SECURED PARTY'S	or ASSIGNOR S/P'S	NAME - insert only one name	(12a or 12b)			1 1101
12a. ORGANIZATION'S NAME						
12b. INDIVIDUAL'S LAST NAME		TFIRST NAME		MIDDLE	NAME	SUFFIX
120. INDIVIDUALS LAST NAME		TROT RAME		1		1001111
MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
		16. Additional collateral descr	2-M	<u> </u>		
This FINANCING STATEMENT covers Limbs collateral, or is filed as a fixture filing.  Description of real estate:	er to be cut or as-extracted	plans, approval construction construction consumers operated. All community of the community of the construction of the constr	ls, permits, ntracts relati ions on the I nercial tort ther legal a	ing to Premis clair nd eq	the Premises of ses; ns with responditable claims,	or Grantor's ect to the judgments
<ol> <li>Name and address of a RECORD OWNER of ab Debtor does not have a record interest):</li> </ol>	ove-described real estate (if	guaranty, inder supply and war subcontracts, policies and bor	he Premises ing, constru nnity, maint ranty agreer reports, stu nds relating t osits, rese es, refunds a	; enand ments, udies, to the rves, and rei y gove	development, commitments agreements; Premises; prepayments turns of money ernmental body	financing nt, service , contracts insuranc , deferre or propert
		17. Check <u>only</u> if applicable a  Debtor is a Trust or   18. Check <u>only</u> if applicable a	Trustee acting with res	pect to pro	perty held in trust or	Decedent's Esta
		Debtor is a TRANSMITTIN  Filed in connection with a life in connection	G UTILITY Manufactured-Home T	ransaction	· ·	

UCC FINANCING STATE  FOLLOW INSTRUCTIONS (front and	TEMENT ADDENDUM back) CAREFULLY				
	or 1b) ON RELATED FINANCING STAT	TEMENT			
98. ORGANIZATION'S NAME					
CAVE INCOME PROF	PERTIES, L.L.C.				
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
10. MISCELLANEOUS:					
			THE ABOVE SPACE	IS FOR FILING OFFI	CE USE ONLY
11. ADDITIONAL DEBTOR'S EXAC	CT FULL LEGAL NAME - insert only one r	name (11a or 11b) - do not abbreviate o			
TIE. ORGANIZATION G NAME					
OR 11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
11d. SEE INSTRUCTIONS ADD'L IN ORGANIZ DEBTOR		11f. JURISDICTION OF ORGANIZA	ATION 11g. OF	GANIZATIONAL ID #, if a	nny None
2. ADDITIONAL SECURED P 12a. ORGANIZATION'S NAME	ARTY'S or ASSIGNOR S/P'S	NAME - insert only <u>one</u> name (12a	or 12b)		
DR 12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
  2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
13. This FINANCING STATEMENT covers		16. Additional collateral description:			
collateral, or is filed as a fixture fil 14. Description of real estate:	ling.	company, insurance connection with the		or any otne	r person in
15. Name and address of a RECORD OW Debtor does not have a record interes		3. INCOME FRO agreements, incomprofits, accounts, rent deposits, gen other revenues relapperations conductive from real dimitation, income occupancy of the concessions, vend of the foregoing accessions, additional profits of the foregoing accessions.	accounts rece eral intangible ated to the Pr ited on the P and whether or personal pr from invento Premises, per ors, food and is owned no	, revenues, resivable, securions, contract rises, contract risemises, when characterized ry sales, tena sonal services; we or acquire	ty deposits, ghts or any nerated from ther now or d as being ling, without ant or guest s, amenities, whether any ed later; all
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		Debtor is a Trust or Truste  18. Check only if applicable and check to the control of the contro	eck <u>only</u> one box.	operty held in trust or	Decedent's Estate
		Filed in connection with a Manuf	actured-Home Transaction	•	

NAME OF EIRET DE	PTOP (10 or 15)	CAREFULLY ON RELATED FINANCING STA	TEMENT			
9a. ORGANIZATION'S		ON RELATED FINANCING STA	CHILLIA	1		
CAVE INCOM	IE PROPERT	ΓΙΕS, L.L.C.				
9b. INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
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11a. ORGANIZATION'S	NAME					
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1c. MAILING ADDRESS			CITY	STAT	E POSTAL CODE	COUNTRY
1d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORG	SANIZATION 11g.	ORGANIZATIONAL ID #, if	any No
2. ADDITIONAL SE		'S or ASSIGNOR S/P'S	NAME - insert only one nam	e (12a or 12b)	· · · · · · · · · · · · · · · · · · ·	
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12b. INDIVIDUAL'S LAS	ST NAME		FIRST NAME	MIDE	DLE NAME	SUFFIX
2c. MAILING ADDRESS			CITY	STA <sup>-</sup>	TE POSTAL CODE	COUNTRY
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<ol> <li>This FINANCING STATE collateral, or is filed as a</li> <li>Description of real estate</li> </ol>	fixture filing.	nber to be cut oras-extracted	relating to any	of the foregoir of the foregoing;	all proceeds re	
			and accounts p		urance, genera	
5. Name and address of a Debtor does not have a		above-described real estate (if	17. Check only if applicable  Debtor is a Trust or  18. Check only if applicable	and check <u>only</u> one box.  Trustee acting with respect to and check <u>only</u> one box.		elating to an intangible
		above-described real estate (if	17. Check only if applicable Debtor is a Trust or 18. Check only if applicable Debtor is a TRANSMITTII	and check <u>only</u> one box.  Trustee acting with respect to and check <u>only</u> one box.	prop <b>ert</b> y held in trust	l intangible
		above-described real estate (if	17. Check only if applicable  Debtor is a Trust or  18. Check only if applicable  Debtor is a TRANSMITTI  Filed in connection with a	and check <u>only</u> one box.  Trustee acting with respect to and check <u>only</u> one box.	property held in trust	I intangibl

Exhibit "A" attached to that said LINE OF CREDIT INSTRUMENT, ASSIGNMENT OF RENTS, HAZARDOUS SUBSTANCES CERTIFICATE AND INDEMNITY AGREEMENT, NOTICE OF INSURANCE REQUIREMENTS and UCC FINANCINT STATEMENT, SECURITY AGREEMENT dated September 16, 2005.

Lots 3, 4 and 5 in Block 1, Replat No. 1 of a portion of Sunnyside Addition to the City of Klamath Falls, according to the official plat thereof on file in the office of the County Clerk of Klamath County, Oregon.

By:
Douglas D. Mortimore, President

Cave Income Properties, Inc.

Douglas D. Mortimore, President

Date: September 16, 2005