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UCC FINANCING STATEMENT

2007-001635 Klamath County, Oregon

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Fee: \$26.00

. SEND ACKNOWLEDG	MENT TO: (Name	and Address)				
Umpqua PO BOX	Bank					
L				SPACE IS FO	R FILING OFFICE US	E ONLY
DEBTOR'S EXACT F		- insert only <u>one</u> debtor name (1a c	or 1b) - do not abbreviate or combine names			
Klamath - Hil						
1b. INDIVIDUAL'S LAST			FIRST NAME	MIDDLE	IAME	SUFFIX
c. MAILING ADDRESS PO Box 1583			CITY Corvallis	STATE	POSTAL CODE 97339	COUNTRY
d. SEE INSTRUCTIONS	ADD'L INFO RE	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION		ANIZATIONAL ID #, if any	
SEE INSTRUCTIONS	ORGANIZATION DEBTOR	LLC	OR	3908		NC
	DEBTOR OR'S EXACT FULL	LLC	OR lebtor name (2a or 2b) - do not abbreviate or comt			NO
. ADDITIONAL DEBTO	DESTOR OR'S EXACT FULL NAME	LLC				SUFFIX
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2a. ORGANIZATION'S 2b. INDIVIDUAL'S LAS c. MAILING ADDRESS d. SEE INSTRUCTIONS	DESTOR DR'S EXACT FULL NAME T NAME ADD'L INFO RE ORGANIZATION DEBTOR S NAME (or NAME)	LEGAL NAME - insert only one of	lebtor name (2a or 2b) - do not abbreviate or comb	MIDDLE STATE 2g. ORG	NAME POSTAL CODE	SUFFIX
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All Fixtures; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and accounts proceeds).

5. ALTERNATIVE DESIGNATION [if applicable]:	FSSEE/LESSOR CONSIGNEE/CONS	IGNOR BAILEE/BAILOR SELLER/BUY	
6. M This FINANCING STATEMENT is to be filed	Ifor record) (or recorded) in the REAL 7, Ch	eck to REQUEST SEARCH REPORT(S) on Debtor(s	All Debtors Debtor 1 Debtor 2
ESTATE RECORDS. Attach Addendum	[if applicable] [At	ODITIONAL FEE] [optional]	
8. OPTIONAL FILER REFERENCE DATA			
68759201			

LOW HAS HAD HOUSE	(front and back) CA	AREFULLI	NAME OF TAXABLE PARTY.			
NAME OF FIRST DEE	STOR (1a or 1b) ON	NRELATED FINANCING ST.	ATEMENT			
9a. ORGANIZATION'S N	IAME					
Klamath - Hily	yard, LLC					
9b. INDIVIDUAL'S LAST		FIRST NAME	MIDDLE NAME, SUFFIX			
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MISCELLANEOUS:			Ī			
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			THE	ABOVE SPACE IS	FOR FILING OFF	ICE USE ONLY
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11b. INDIVIDUAL'S LAS	T NAME		FIRST NAME	MIDDLE N	IAME	SUFFIX
. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
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	DEBTOR			<u> </u>		<u>1_1N</u>
ADDITIONAL SE	CURED PARTY'S	S or ASSIGNOR S/P	S NAME - insert only one name (12a or 12)	b)		
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12b. INDIVIDUAL'S LA			FIRST NAME	MIDDLE	NAME	SUFFIX
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