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2007-011710 Klamath County, Oregon

MIDDLE NAME

97470

OR

UFFIX

USA

00025043			

36.00

UCC FINANCING OLLOWINSTRUCTIONS	S (front and back)	CAREFULLY		6/ 29/2007 1 1:14	F.40 AW	Fee: \$
A. NAME & PHONE OF	CONTACT AT FILE	ER (optional)				
B. SEND ACKNOWLED	BMENT TO: (Nam	e and Address)				
Γ.,						
Umpqua PO BOX						
	g, OR 97470		j			
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1						
<u></u>				BOVE SPACE IS	FOR FILING OFFICE US	SE ONLY
1a. ORGANIZATIONS N Highmark Inv	AME		or 1b) - do not abbreviate or combine nan	195		any managang gamanyan pagaman tha babadh an dhi ba
16. INDIVIDUAL'S LAST			FIRST NAME	MIDDL	E NAME	SUFFIX
IC. MAILING ADDRESS			CITY	STATE		COUNTRY
C/O Mark Keith			Bend	OR	97709 GANIZATIONAL ID #, If any	USA
d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	16. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION OR	, -	232-96	
		LEGAL NAME - Insert only one o	lebtor name (2a or 2b) - do not abbreviate	or combine names		
28. ORGANIZATION'S N	AME					
\s_L	NAME		FIRST NAME	MIDDL	E NAME	
2b. INDIVIDUAL'S LAST	14CHILL			1		SUFFIX
2b. INDIVIDUAL'S LAST						
2b. INDIVIDUAL'S LAST			CITY	STATE	POSTAL CODE	COUNTRY

C/O Loan Support Services, PO Box 1580 4. This FINANCING STATEMENT covers the following collateral:

Umpqua Bank

3c. MAILING ADDRESS

36. INDIVIDUAL'S LAST NAME

OR

DEFINITIONS. As used in this Collateral description, the following words have the meanings stated below:

Roseburg

DCT NAME

- 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 Lot 45, Diamond Meadows, Tract No 1384, Crescent Lake, Oregon 97425 more particularly described below, including all of Grantor's rights of ingress and egress to the Real Property: Lot 45, DIAMOND MEADOWS, TRACT NO. 1384, according to the official plat thereof
- on file in the office of the County Clerk of Klamath County, Oregon.

 1.3 Improvements. The word "Improvements" means all buildings, structures, fixtures and other improvements of every kind and nature now or hereafter located on or about the Real Property.
- Premises. The word "Premises" means the Real Property and the Improvements.

(Continued on attached Financing Statement Addendum)			
5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR SELLER/BUYER	AG. LIEN NON-UCC FILING
This FINANCING STATEMENT is to be filed (for record) (or recorded) ESTATE RECORDS. Attach Addendum	In the REAL 7. Check to REQ lif applicable? 7. Check to REQ	UEST SEARCH REPORT(S) on Debter(s) FEEI [optional]	All Debtors Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA	· · · · · · · · · · · · · · · · · · ·		
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FILING OFFICE COPY - UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/22/02)

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - Insert only one 3a. ORGANIZATION'S NAME

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



UCC FINANCING STAT						
FOLLOW INSTRUCTIONS (front and						
9. NAME OF FIRST DEBTOR (1a 9a. ORGANIZATION'S NAME						
	d Group II C					
Highmark Investmen		IMIDDLE NAME, SUFFIX				
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SOFTIA	,			
10. MISCELLANEOUS:						
			THE ABOVE	SPACE	IS FOR FILING OFF	ICE USE ONLY
	CT FULL LEGAL NAME - insert only one	name (11a or 11b) - do not abbre	AISIS OF COMDINS USINE	\$ 		
11a. ORGANIZATION'S NAME						
OR				MODIE	NAME	SUFFIX
11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		100/11/
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11c. MAILING ADDRESS		ату		STATE	POSTAL CODE	COUNTRY
11d. SEE INSTRUCTIONS ADD'L IN	NFO RE 116. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGA	ANIZATION	11g. OR	BANIZATIONAL ID#, if I	
DESTOR		1				NONE
12. ADDITIONAL SECURED P	PARTY'S or ASSIGNOR S/P'S	NAME - insert only one name	a (12a or 12b)			
128, ORGANIZATION'S NAME					-	
OR 12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
12c, MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
120, WALLING FIRE						
	rs timber to be cut or as-extracted	18. Additional collateral descr	iption:			
13. This FINANCING STATEMENT COVER	<u></u>	1	•	. All	personal pro	perty, except
collateral, or is filed as a fixture filed. 14. Description of real estate:	ing.		erty owned		tenants occ	cupying the
(4. Decarptor of low course.		Improvements,	and all fixture	s of i	every kind and	d nature now
•	•	owned and/or h	ereafter acqu	ired	and situated	upon and/or
		used in connec	tion with the	one	ration, owner	ship, use or
		enjoyment of th	e Premises i	nclud	ing, without li	mitation, the
		following:				•
		2.1 All accou	nts, chattel p	aper.	contracts for	sale, deposit
		accounts, docu	ments, docu	ment	s of title, co	ntract rights.
		general intangil	oles paymer	t inta	anaibles, lette	ers of credit.
		goods, instrume	nts and assu	med	pusiness nam	es of Grantor
		relating to the P				
		2.2 All equir	oment inver	itory.	furnishings,	appliances,
		machinery, tool	s. building m	ateria	als, supplies,	maintenance
		or service equi	oment and o	ther	raw materials	or supplies,
15. Name and address of a RECORD OV	VNER of above-described real estate (if	component part	s and work in	proc	ress relating	to the
Debtor does not have a record interes	st).	Component part		· p	,	
	•	17. Check only if applicable a				
		Debtor is a Trust or			operty held in trust o	Decedent's Estate
		18. Check only if applicable a	ind check <u>only</u> one box	· ·		
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	•	Filed in connection with a		ensaction	- effective 30 years	
		Filed in connection with a				

MAME OF FIRST DE	RTOR (1a or 1b) O	N RELATED FINANCIN	IG STATEM	ENT				
9e. ORGANIZATION'S		THE CONTRACTOR	100///(
	estment Gro	up, LLC						
96. INDIVIDUAL'S LAS	T NAME	FIRST NAME		MIDDLE NAME, SUFFIX				
MISCELLANEOUS:								
				·	THE ABOVI	SPACE	S FOR FILING OFFI	CE USE ONLY
		L LEGAL NAME - insert o	only <u>one</u> name	(11a or 11b) - do not abbre	viate or combine nan	183		
11a. ORGANIZATION'S	NAME							
116. INDIVIDUAL'S LAS	T NAME		FIF	RST NAME		MIDDLE	NAME	SUFFIX
MAILING ADORESS			ci	TY		STATE	POSTAL CODE	COUNTR
	The same of the sa	11e. TYPE OF ORGANIZA	TION 11	. JURISDICTION OF ORGA	MIZATION	110 OB	GANIZATIONAL ID #, If a	<u> </u>
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ADDITIONAL SE	CURED PARTY'S	S or ASSIGNOR	S/P'S N/	AME - insert only <u>one</u> name	(12a or 12b)			
12a. ORGANIZATIONS	NAME							
			leit	RST NAME		MIDDLE	MAME	ISUFFIX
12b. INDIVIDUAL'S LAS	TNAME		Fir	(ST NAME		MIDDLE	NAME	SUPPLA
MAILING ADDRESS				ſΥ	·	STATE	POSTAL CODE	COUNTR
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collateral, or is filled as a		_		remises;				
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			, -	remises and o				
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				Grantor and/or t		7		
				2.5 All bondi	ng, constru	action,	development	, financir
			9	juaranty, inden	nnity, main	tenanc	e, manageme	nt, servic
				supply and wan				
				ubcontracts, I				insuran
			1.4	olicies and bon	-			. deferr
Name and address of a li Debtor does not have a	RECORD OWNER of ab record interest):	nove-described real estate (i		2.6 All depo payments, rebate	osits, rese es, refunds		P , W	•
			17					
			•	. Check only if applicable ar			-	_
			De	btoris a Trust or T	rustee acting with re	spect to pro	perty held in trust or	Decedent's Es
			De 18		rustee acting with re nd check <u>only</u> one bo	spect to pro	perty held in trust Or	Decedent's Es
			De 18	btor is a Trust or T	rustee acting with re nd check <u>only</u> one bo 3 UTILITY	spect to pro x.		Decedent's Es

ICC FINANCING STATEMENTADDENDUM OLLOW INSTRUCTIONS (from and back) CAREFULLY								
9. NAME OF FIRST DEBT	9. NAME OF FIRST DEBTOR (18 or 1b) ON RELATED FINANCING STATEMENT							
98. ORGANIZATION'S NAM		- UC					·	
OR Highmark Inves		IFIRST NAME		MIDDLE NAME, SUFFIX				
ab. IIADIAIDONES ENSTIAN	· ·	1 1101 14111						
10. MISCELLANEOUS:	Projection							
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11. ADDITIONAL DEBTOR	'S EXACT FULL	LEGAL NAME - insert on	iy one na	ama (11a or 11b) - do not ebbre				
11a. ORGANIZATION'S NA			4.777		:			
OR						TMIDDLE	NAME	ISUFFIX
11b. INDIVIDUAL'S LAST N	AME			FIRST NAME		MICEALE	- ANIME	30.77
11c. MAILING ADDRESS				CITY		STATE	POSTAL CODE	COUNTRY
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11d. SEE INSTRUCTIONS	ADD'L INFO RE CORGANIZATION	1e, TYPE OF ORGANIZAT	ION	11f. JURISDICTION OF ORGA	ANIZATION	11g. OR(BANIZATIONAL ID#, i	<u> </u>
	DEBTOR							NONE
12. ADDITIONAL SECL		g Assignor s	S/PS	NAME - insert only one name	e (12a or 12b)			
128. URGANIZATIONS NA	MATE:							
OR 120. INDIVIDUAL'S LAST N	IAME			FIRST NAME	***************************************	MIDDLE	NAME	SUFFIX
								COUNTRY
12c. MAILING ADDRESS			:	CITY		STATE	POSTAL CODE	COONTRY
		er to be cut or as-extra		16. Additional collateral descr	ription:			and the same of th
13. This FINANCING STATEME collateral, or is filed as a	fixture filing.	as to be crit or Pas-extra	cied	property paid to	or deposite	d with	any govern	mental body,
14. Description of real estate: Im	_			agency or autho	ority, any pu	blic o	r private util	ity, district or
				company, insur			or any oth	er person in
		· ·					All 4	
				3. INCOME I agreements, inc	FROM OPE	KA HU ratae	revenues	eases, rental rents issues
				profits, account	ts. accounts	rece	ivable, secu	rity deposits,
				rent deposits.	general intar	naible	s, contract	rights or any
				other revenues	related to ti	he Pre	mises or ge	enerated from
				operations con	ducted on t	he Pr	emises, wh	ether now or
				hereafter existi	ing and wi	ietner nai nr	cnaracteriz nperty. inclu	eu as benig iding, without
				derived from real or personal property, including, without limitation, income from inventory sales, tenant or guest				
				occupancy of t	he Premises	, pers	onal service	es, amenities,
15. Name and address of a REC Debter does not have a reco	ORD OWNER of ab	ove-described real estate (if		concessions, ve	endors, food	and b	ar services.	
	•							
				17. Check only if applicable a	nd check <u>only</u> one box	ζ.		
				Debtor is a Trust or			perty held in trust	or Decedent's Estate
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				II Fried in connection with a l	rudic-ritance transs		d Financial Solution	