

2016-007968

Klamath County, Oregon

07/28/2016 09:48:02 AM

					Fee: \$52.00	
UCC FINANCING STATEMENT						
FOLLOW INSTRUCTIONS						
A. NAME & PHONE OF CONTACT AT FILER (optional)	,		•			
B. E-MAIL CONTACT AT FILER (optional)						
C. SEND ACKNOWLEDGMENT TO: (Name and Address)		_ [				
Umpqua Bank		1		,		
PO Box 1580						
Roseburg, OR 97470						
<u> </u>			THE ABOV	E SDACE IS I	OR EII ING OEEICE USI	E ONLY
1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (us	se exact, f	ull name; do not omit, modify, o				
name will not fit in line 1b, leave all of item 1 blank, check here						
1a. ORGANIZATION'S NAME			4	-		
Hammerich Goat Dairy LLC  1b. INDIVIOUAL'S SURNAME		FIRST PERSONAL NAME		IADDIT	IONAL NAME(S)/INITIAL(S)	SUFFIX
			₩.		.,	
1c, MAILING ADDRESS	- 4	CITY			1	COUNTRY
305 Haskins Rd.		Bonanza				
<ol> <li>DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (us name will not fit in line 2b, leave all of item 2 blank, check here</li> </ol>	e exact, fi	ull name; do not omit, modify, o de the Individual Debter informa	r abbreviate any ition in item 10 o	part of the Deb f the Financing	tor's name); if any part of the Statement Addendum (Form	Individual Debtor's UCC1Ad)
2a, ORGANIZATION'S NAME		<del>→</del> →	-			<u> </u>
		. 7		4	- II -	
2b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME				SUFFIX
Hammerich 2c. MAILING ADDRESS		William				COUNTRY
305 Haskins Rd.		Bonanza	- 44			USA
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIG	SNOR SE	CURED PARTY): Provide only	one Secured Pa	rty name (3a or	3b)	<u>'</u>
3a. CRGANIZATION'S NAME				7	7	
OR 35. INDIVIDUAL'S SURNAME	ii <u>.</u>	FIRST PERSONAL NAME	- 1	IADDIT	IONAL NAME(S)/INITIAL(S)	SUFFIX
SS. INSTRUDENCE OF NATIONAL		THE TENSOR IS A	- 1			33.7.
3c, MAILING ADDRESS		CITY				COUNTRY
C/O Loan Support Services, PO Box 1580	_	Roseburg		OR	97470	USA
4. COLLATERAL: This financing statement covers the following collate						
All Fixtures; whether any of the foreg	joing	is owned now o	r acquire	ed later;	all accessions,	additions,
replacements, and substitutions relating foregoing.	to any	y of the foregoing	; all recor	as or any	Kind relating to	any or the
lotegonig,						
AMERITITLE .has recorded this						
instrument by request as an accomodation only,						
and has not examined it for regularity and sufficiency or as to its effect upon the title to any real property.	<b>y</b>					
that may be described therein.	•					
<del>-</del>				STATE POSTAL CODE ON PROPERTY ON PAGE 10 of the Debtor's name); if any part of the Individual Debtor's 10 of the Financing Statement Addendum (Form UCC1Ad)  ADDITIONAL NAME(S)/INITIAL(S) SUFFIX  JOSEPH STATE POSTAL CODE COUNTRY OR 97623-7723 USA  ADDITIONAL NAME(S)/INITIAL(S) SUFFIX  ADDITIONAL NAME(S)/INITIAL(S) SUFFIX  STATE POSTAL CODE COUNTRY OR 97470 USA  uired later; all accessions, additions, cords of any kind relating to any of the		
·						
	id in a Tru	st (see UCC1Ad, item 17 and Ir	structions)			
6a, Check only if applicable and check only one box:			lul	_	ly if applicable and check onl	
Public-Finance Transaction Manufactured-Home Transaction	nsaction	A Debtor is a Transm		<del></del>		C Filing
7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor  B. OPTIONAL FILER REFERENCE DATA:		Consignee/Consignor	Setter/Buy	er -	Bailee/Bailor Lío	ensee/Licensor
7.47000429	•					

## UCC FINANCING STATEMENT ADDENDUM

	LOW INSTRUCTIONS	no 1h wat left islank					
9. N	AME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if I ecause Individual Debtor name did not fit, check here	UA ID Mas lett alstik					
	9a. ORGANIZATION'S NAME						
	Hammerich Goat Dairy LLC				-		
	п		i		- %		
OR	9b, INDIVIDUAL'S SURNAME				٦,	h.	
						Th	
	FIRST PERSONAL NAME						
		- Inverse		-	// 21	V 10	
	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	- 1	T	.D., 47.1		
40	DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or	Datitus nome that did a	ant fil in lie		SPACE IS FOR FI		
10.	do not omit, modify, or abbreviate any part of the Debtor's name) and enter the m	ailing address in line 10	OC III III III	IO ID OI 2D OI DIE I	manong officement (	1 01111 0001) (000	DADA, Idii Fidilio
	10a. ORGANIZATION'S NAME	_		7 7			-
on.		49			<u> 19-</u>		
OR	10b. INDIVIDUAL'S SURNAME	C.4	, N				
	INDIVIDUAL'S FIRST PERSONAL NAME	X	V		<del></del>		
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)		٦	<b>-</b>		4	SUFFIX
10c.	MAILING ADDRESS	CITY	•		STATE POSTAL	CODE	COUNTRY
11.	ADDITIONAL SECURED PARTY'S NAME or ASSIGNO	R SECURED PA	RTY'S	NAME: Provide o	only one name (11a o	r 11b)	_!
11.	11a, ORGANIZATION'S NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		11/11/12/	,		•
ΛĐ				- 4			Laurant
OR	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	AME		ADDITIONAL NAME		SUFFIX
11c.	MAILING ADDRESS	CITY	~		STATE POSTAL	CODE	COUNTRY
12.	ADDITIONAL SPACE FOR ITEM 4 (Collateral):				1		
			<b>T</b>		~		
		-	. "				
		1	١.				
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	-						<del></del>
13.	This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING covers timber		_	extracted collateral	X is filed as a	fixture filing
15.	Name and address of a RECORD OWNER of real estate described in item 16	16. Description of rea	al estate;	. Wees as-	extracted collateral	[ <u>[</u> ] 19 1766 49 4	(Acare ming
	(if Debtor does not have a record interest):	Exhibit "A".					
	•				•		
		<u> </u>		_			-
17.	MISCELLANEOUS:						

## Exhibit "A"

The collateral is located on the following described real property:

Parcel 1 of Land Partition 43-02, in the NE1/4 and the SE1/4 of Section 31; the NW1/4 and the SW1/4 of Section 32 in Township 38 Range 11 and the NE1/4 of Section 6; NW1/4 of Section 5, Township 39, Range 11 East of the Willamette Meridian, Klamath County, Oregon.

Taxes assessed under Code No. 037 Account No. R456214 Map No. R-3811-00000-05300-000 NOTE: The 2015-2016 Taxes: \$3,545.21, are Paid

Taxes assessed under Code No. 036 Account No. R608890 Map No. R-3811-00000-05300-000 NOTE: The 2015-2016 Taxes: \$54.63, are Paid

Taxes assessed under Code No. 037 Account No. R456214 Map No. R-3911-00500-00200-000 NOTE: The 2015-2016 Taxes: \$86.32, are Paid