RECORDING COVER SHEET (Please Print or Type) this cover sheet was prepared by the person presenting the instrument for recording. The information on this sheet is a reflection of the attached instrument and was added for the purpose of meeting first page recording requirements in the State of Oregon, ORS 205.234, and does NOT affect the instrument.

| AFTER RECORDING RETURN TO: Bradley S. Copeland | { | 2017-003855 | |
|---|--|--|--|
| 800 Willamette Street, Suite 800 | THIS SPACE RE | Klamath County, Oregon | |
| Eugene, OR 97401 | THE COUNTY | 04/13/2017 08:42:00 AM Fee: \$52.00 | |
| SEND TAX STATEMENTS TO: | | | |
| N/A | | | |
| | | | |
| TITLE(S) OF THE TRANSACTION(S) ORS 20 | | | |
| UCC Financing Statement Amendment and | Additional Party | | |
| DIRECT PARTY(S) (i.e., DEEDS: Seller/Grant ORS 205.125(1) (b) and 205.160 Umpqua Bank | or; MORTGAGES: Borrower/Grantor; L | IENS; Creditor/Plaintiff) | |
| INDIRECT PARTY(S) (i.e., DEEDS: Buyer/Gr. ORS 205.125(1) (a) and 205.160 Carleton Farms; Carleton Farms, LLC; A. Carleton | | | |
| TRUE AND ACTUAL CONSIDERATION— (Ans § N/A | nount in dollars or other) ORS 93.030(| 5) | |
| JUDGMENT AMOUNT— (obligation impose N/A | | 5.125(1) (c) | |
| 8) If this instrument is being Re-Recorded ORS 205.244: | , complete the following statemen | t, in accordance with | |
| "RERECORDED AT THE REQUEST OF | | | |
| TO CORRECT | | | |
| PREVIOUSLY RECORDED IN BOOK/PAGE/I | FEE NUMBER | | |
| | | | |

USE THIS FORM TO <u>ADD</u> NAMES ONLY (DO NOT USE FOR CHANGES, DELETIONS, OR ASSIGNMENTS)

| | C FINANCING STATEMENT AMENDMENT OW INSTRUCTIONS | ADDITIONAL PARTY | | | |
|-----|---|--|-----------------------------------|-------------------------------|---------|
| 19. | INITIAL FINANCING STATEMENT FILE NUMBER: Same as 16-004566 | s item 1a on Amendment form | i | | |
| 20. | NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same 20a, ORGANIZATION'S NAME | e as item 9 on Amendment form | | | |
| | Umpqua Bank | | | | |
| OR | 20b, INDIVIDUAL'S SURNAME | | | | |
| | FIRST PERSONAL NAME | | | | |
| | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | THE ABOVE SPACE I | S FOR FILING OFFICE U | SE ONLY |
| 21. | ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name | ne (21a or 21b) (use exact, full name; do no | t omit, modify, or abbreviate any | part of the Debtor's name) | |
| | Carleton Farms, LLC | | | | |
| OR | 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADDIT | TIONAL NAME(S)/INITIAL(S) | SUFFIX |
| | MAILING ADDRESS O N. Main Street | Merrill | OF | | USA |
| 22. | ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name | ne (22a or 22b) (use exact, full name; do no | ot omit, modify, or abbreviate an | y part of the Debtor's name) | |
| | 22a. ORGANIZATION'S NAME | | | | |
| OR | 22b, INDIVIDUAL'S SURNAME Carleton | Gregory | G. | ADDITIONAL NAME(S)/INITIAL(S) | |
| | MAILING ADDRESS 10 N. Main Street | Merrill | STAT OF | 1 | USA |
| 23. | ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name | me (23a or 23b) (use exact, full name; do n | ot omit, modify, or abbreviate an | y part of the Debtor's name) | |
| | 23a. ORGANIZATION'S NAME | | | | |
| OR | 23b. INDIVIDUAL & SURNAIVIL | FIRST PERSONAL NAME | | ITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| | Carleton | Richmond | J. | TE POSTAL CODE | COUNTRY |
| | MAILING ADDRESS O. N. Main Street | Merrill | OF | 97633 | USA |
| 24. | ADDITIONAL SECURED PARTY'S NAME OF 24a, ORGANIZATION'S NAME | ASSIGNOR SECURED PARTY | "S NAME: Provide only one | name (24a or 24b) | |
| OR | 24b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADD | ITIONAL NAME(S)/INITIAL(S) | SUFFIX |
| 240 | . MAILING ADDRESS | CITY | STA | TE POSTAL CODE | COUNTRY |
| 25. | ADDITIONAL SECURED PARTY'S NAME or 25a. ORGANIZATION'S NAME | ASSIGNOR SECURED PARTY | 'S NAME: Provide only one | name (25a or 25b) | |
| OF | 25b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | ADD | DITIONAL NAME(S)/INITIAL(S) | SUFFIX |

COUNTRY

STATE

POSTAL CODE

26. MISCELLANEOUS

25c. MAILING ADDRESS

CITY

USE THIS FORM TO <u>ADD</u> NAMES ONLY (DO NOT USE FOR CHANGES, DELETIONS, OR ASSIGNMENTS)

| | NITIAL FINANCING STATEMENT FILE NUMBER: San 6-004566 | ne as item 1a on Amendment form | | | | |
|------------------------------|--|---|-----------------------------|----------------------------------|---|---------|
| 0. [| NAME OF PARTY AUTHORIZING THIS AMENDMENT: | Same as item 9 on Amendment form | | | | |
| - 1 | 20a. ORGANIZATION'S NAME Umpqua Bank | | | | | |
| - | Ompqua Bank | | | | | |
| or | 20b. INDIVIDUAL'S SURNAME | | | | | |
| | | | | | | |
| | FIRST PERSONAL NAME | | | | | |
| | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX | | | | |
| | | | THE ABOVE SPA | CE IS FO | R FILING OFFICE US | SE ONLY |
| 21. | ADDITIONAL DEBTOR'S NAME: Provide only one Debto | r name (21a or 21b) (use exact, full name; do not | omit, modify, or abbreviat | e any part | of the Debtor's name) | |
| | 21a, ORGANIZATION'S NAME | | | | | |
| OR | 21b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME James | 1 | A. | AL NAME(S)/INITIAL(S) | SUFFIX |
| 210 | Carleton MAILING ADDRESS | CITY | | STATE | POSTAL CODE | COUNTRY |
| | 0 N. Main Street | Merrill | (| OR | 97633 | USA |
| 22. | ADDITIONAL DEBTOR'S NAME: Provide only one Debto | or name (22a or 22b) (use exact, full name; do no | t omit, modify, or abbrevia | te any part | of the Debtor's name) | |
| | 22a. ORGANIZATION'S NAME | | | | | |
| OR | 22b. INDIVIDUAL'S SURNAME | FIRST PERSONAL NAME | 1 | ADDITION | AL NAME(S)/INITIAL(S) | SUFFIX |
| | | CITY | | STATE | T POSTAL CODE | COUNTRY |
| 22c. | MAILING ADDRESS | GITT | | | | |
| 23 | ADDITIONAL DEBTOR'S NAME: Provide only one Debto | or name (23a or 23b) (use exact, full name; do no | t omit, modify, or abbrevia | te any part | of the Debtor's name) | |
| | | | | | | |
| | 23a. ORGANIZATION'S NAME | | | | | |
| OR | | FIRST PERSONAL NAME | | ADDITION | AL NAME(S)/INITIAL(S) | SUFFIX |
| OR | 23a. ORGANIZATION'S NAME 23b. INDIVIDUAL'S SURNAME | | | | | |
| | | FIRST PERSONAL NAME | | ADDITION STATE | AL NAME(S)/INITIAL(S) POSTAL CODE | |
| 23c. | 23b. INDIVIDUAL'S SURNAME MAILING ADDRESS | | | STATE | POSTAL CODE | |
| OR 23c. 24. | 23b. INDIVIDUAL'S SURNAME | СІТҮ | | STATE | POSTAL CODE | |
| 23c. 24. | 23b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SECURED PARTY'S NAME OF 24a. ORGANIZATION'S NAME | СІТҮ | 'S NAME: Provide only | STATE v <u>one</u> name | POSTAL CODE | |
| 23c. 24. | 23b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SECURED PARTY'S NAME OF | CITY ASSIGNOR SECURED PARTY FIRST PERSONAL NAME | 'S NAME: Provide only | STATE one name ADDITION | POSTAL CODE (24a or 24b) AL NAME(S)/INITIAL(S) | COUNTRY |
| 23c. 24. OR | 23b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SECURED PARTY'S NAME OF 24a. ORGANIZATION'S NAME | CITY ASSIGNOR SECURED PARTY | 'S NAME: Provide only | STATE v <u>one</u> name | POSTAL CODE (24a or 24b) | COUNTRY |
| 23c. 24. OR 24c. | 23b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SECURED PARTY'S NAME OF DESCRIPTION OF SURNAME 24b. INDIVIDUAL'S SURNAME MAILING ADDRESS | CITY ASSIGNOR SECURED PARTY FIRST PERSONAL NAME CITY | 'S NAME: Provide only | STATE one name ADDITION STATE | POSTAL CODE (24a or 24b) AL NAME(S)/INITIAL(S) POSTAL CODE | COUNTRY |
| 23c. 24. OR | 23b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SECURED PARTY'S NAME or 24a. ORGANIZATION'S NAME 24b. INDIVIDUAL'S SURNAME | CITY ASSIGNOR SECURED PARTY FIRST PERSONAL NAME | 'S NAME: Provide only | STATE one name ADDITION STATE | POSTAL CODE (24a or 24b) AL NAME(S)/INITIAL(S) POSTAL CODE | COUNTRY |
| 223c. 224. OR 224c. | 23b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SECURED PARTY'S NAME OF 24a. ORGANIZATION'S NAME 24b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SECURED PARTY'S NAME OF 25a. ORGANIZATION'S NAME | CITY ASSIGNOR SECURED PARTY FIRST PERSONAL NAME CITY ASSIGNOR SECURED PARTY | 'S NAME: Provide only | ADDITION STATE one name | POSTAL CODE (24a or 24b) AL NAME(S)/INITIAL(S) POSTAL CODE | COUNTRY |
| 23c. 24. OR 24c. | 23b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SECURED PARTY'S NAME OF 24a. ORGANIZATION'S NAME 24b. INDIVIDUAL'S SURNAME MAILING ADDRESS ADDITIONAL SECURED PARTY'S NAME OF 25a. ORGANIZATION'S NAME | CITY ASSIGNOR SECURED PARTY FIRST PERSONAL NAME CITY | 'S NAME: Provide only | ADDITION STATE one name | POSTAL CODE (24a or 24b) AL NAME(S)/INITIAL(S) POSTAL CODE (25a or 25b) | SUFFIX |