UCC FINANCING STATEMENT				Fee: \$92.00	
FOLLOW INSTRUCTIONS					
A. NAME & PHONE OF CONTACT AT FILER (optional) CSC 1-800-858-5294					
B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscglobal.com					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)					
2242 06264					
CSC					
801 Adlai Stevenson Drive Springfield, IL 62703	In: Oregon				
Filed	(Klamath)				
<b> </b>	`	THE ABOVE SPACE	E IS FO	R FILING OFFICE USE (	ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full to the content of t	name; do not omit,				
		or information in item 10 of the Fina			
1a. ORGANIZATION'S NAME Uppa Creek Farms, Inc.					
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 275 TENNANT AVE	CITY		STATE	POSTAL CODE	COUNTRY
	MORGAN	HILL	CA	95037	USA
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full in name will not fit in line 2b, leave all of item 2 blank, check here and provide to an ORGANIZATION'S NAME Spinaca Farms, Inc.		modify, or abbreviate any part of the rinformation in item 10 of the Fin			
Opinada Fairno, mo.					
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
				T	
2c. MAILING ADDRESS 275 TENNANT AVE	MORGAN	ни	STATE CA	POSTAL CODE 95037	COUNTRY
					OOA
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU	JRED PARTY): Pro	vide only one Secured Party name	(3a or 3b	)	
3a. ORGANIZATION'S NAME Farm Credit Leasing Services C	Corporation				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONA	AL NAME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 1665 Utica Ave S, Suite 400	CITY		STATE	POSTAL CODE	COUNTRY
1005 Utica Ave 3, Suite 400	Minneapoli		MN	55416	USA
4. COLLATERAL: This financing statement covers the following collateral: One (1) Corenco Puree Machinery, together with all	attachment	s, components, acces			
This financing statement is filed for precautionary pu above are owned by the Secured Party and are leas terms	sed (or are ir	ntended to be leased)	to the	Debtor pursuant t	to the
and conditions of the applicable lease documents be lessee thereunder) now in effect or anticipated to be such lease to be a true lease and not a lease intended.	executed b	y the parties. The Se			

2021-019214 Klamath County, Oregon

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5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative 6a. Check only if applicable and check only one box: 6b. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing Consignee/Consignor 7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Seller/Buyer Bailee/Bailor Licensee/Licensor 8. OPTIONAL FILER REFERENCE DATA: 5355040 - 31935 2242 06264

## **UCC FINANCING STATEMENT ADDENDUM**

FOLLOW INSTRUCTIONS

. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if	f line 1b was left blank				
because Individual Debtor name did not fit, check here					
9a. ORGANIZATION'S NAME					
Uppa Creek Farms, Inc.					
R 9b. INDIVIDUAL'S SURNAME					
FIRST PERSONAL NAME					
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
				S FOR FILING OFFIC	
<ul> <li>DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or do not omit, modify, or abbreviate any part of the Debtor's name) and enter the name.</li> </ul>		line 1b or 2b of the Fin	ancing S	tatement (Form UCC1) (u	ise exact, full nam
10a. ORGANIZATION'S NAME					
R 10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
	T				
: MAILING ADDRESS	CITY	<b>\</b>	STATE	POSTAL CODE	COUNTRY
. ADDITIONAL SECURED PARTY'S NAME or ASSIGN	 OR SECURED PARTY'	S NAME: Provide on	ly <u>one</u> na	I me (11a or 11b)	
11a. ORGANIZATION'S NAME				,	
R 11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME ADDITIONAL			NAL NAME(S)/INITIAL(S	) SUFFIX
2. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
c. MAILING ADDRESS  2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):	CITY	,	STATE	POSTAL CODE	COUNTRY
	CITY	;	STATE	POSTAL CODE	COUNTRY
	CITY	;	STATE	POSTAL CODE	COUNTRY
	CITY		STATE	POSTAL CODE	COUNTRY
	CITY		STATE	POSTAL CODE	COUNTRY
	CITY	, s	STATE	POSTAL CODE	COUNTRY
ADDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	14. This FINANCING STATE	MENT:			
. ADDITIONAL SPACE FOR ITEM 4 (Collateral):  This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATE	MENT: cut ☐ covers as-ex			COUNTRY
. ADDITIONAL SPACE FOR ITEM 4 (Collateral):  . In this FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)  . Name and address of a RECORD OWNER of real estate described in item 16	14. This FINANCING STATE  covers timber to be a 16. Description of real estate	MENT: cut covers as-ex	dracted o	collateral 🖊 is filed a	s a fixture filing
ADDITIONAL SPACE FOR ITEM 4 (Collateral):  In this FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)  Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):  Desert Lake Technologies LLC	14. This FINANCING STATE	MENT: cut covers as-ex	dracted o	collateral 🖊 is filed a	s a fixture filing
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. ADDITIONAL SPACE FOR ITEM 4 (Collateral):  . This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)  . Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):  Desert Lake Technologies LLC  20 Box 489	14. This FINANCING STATE  covers timber to be a covers timber to be a covers timber to be a covers. The following real of Oregon, to wit:  APN: R-4008-0076	MENT: Sut Covers as-exit property locate 00-00400-000	dracted o	collateral 🖊 is filed a	s a fixture filing
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9a. ORGANIZATION'S NAME Uppa Creek Farms, Inc.						
96. INDIVIDUAL'S SURNAME						
FIRST PERSONAL NAME						
ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	THE ABO	VE SPACE	S FOR FILING O	FFICE USE ONLY
D. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name of do not omit, modify, or abbreviate any part of the Debtor's name) and enter the last of the Debtor's name of the Debtor's n						
10a. ORGANIZATION'S NAME  10b. INDIVIDUAL'S SURNAME						
INDIVIDUAL'S SURNAME  INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S FIRST PERSONAL NAME  INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX
c. MAILING ADDRESS	Loury			lozaze	Incorn cons	
5. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
. ADDITIONAL SECURED PARTY'S NAME or ASSIGN 11a. ORGANIZATION'S NAME	IOR SECUI	RED PARTY	S NAME: Provi	de only <u>one</u> na	ame (11a or 11b)	
11b. INDIVIDUAL'S SURNAME	FIRST PER:	SONAL NAME		ADDITIO	NAL NAME(\$)/INITI	AL(S) SUFFIX
c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
B. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)		IANCING STATE ers timber to be		as-extracted	collateral 🔽 is fi	led as a fixture filing
5. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):		tion of real estate 8, Acres 7.				