UCC FINANCING STATEMENT			Fee: \$102.00	
FOLLOW INSTRUCTIONS				
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional) CSC 1-800-858-5294				
B. E-MAIL CONTACT AT SUBMITTER (optional) SPRFiling@cscglobal.com				
C. SEND ACKNOWLEDGMENT TO: (Name and Address)				
2623 95730 - 8/10/2023 CSC	\neg			
801 Adlai Stevenson Drive				
Springfield, IL 62703 File	ed In: Oregon			
SEE BELOW FOR SECURED PARTY CONTACT INFORMA	(Klamath)			
			S FOR FILING OFFICE USI	
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full not fit in line 1b, leave all of item 1 blank, check here and provide and provide		abbreviate any part of the Debtor ion in item 10 of the Financing Stat		
1a. ORGANIZATION'S NAME RC Bar Ranch, LLC				
· ·				
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	ADD	DITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 8560 Las Animas Road	San Jose	STA C		COUNTRY
2 DEPTOP'S NAME 2 11 1 2 11 10 10 10 10 10 10 10 10 10 10 10 10				
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full not fit in line 2b, leave all of item 2 blank, check here		ibbreviate any part of the Debtor' ion in item 10 of the Financing Stat		
2a. ORGANIZATION'S NAME				
OR 2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM		DITIONAL NAME(S)/INITIAL(S)	SUFFIX
Foreman	Richard	A		
2c. MAILING ADDRESS 8560 Las Animas Road	San Jose	STA C		COUNTRY
OFOURTR PARTY/O WAY				JOOA
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED SANIZATION'S NAME Pinnacle Bank	JRED PARTY): Provide only o	ne Secured Party name (3a or 3	b)	
i iiiidolo Balik				
OR 3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	E ADD	DITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 1276-A South Main Street	сіту Salinas	STA C		COUNTRY
				USA
4. COLLATERAL: This financing statement covers the following collateral: All Inventory, Chattel Paper, Accounts, Equipment,	General Intangible	s Crops Farm Pro	ducts Livestock	
(including all increase and supplies), Farm Equipme	ent and Fixtures; w	hether any of the fo	regoing is owned no	ow or
acquired later; whether any of the foregoing is now				
replacements, and substitutions relating to any of the				
payments, in whatever form received, including but				
diversion programs, governmental agricultural assis				
Program, and any other such program of the United programs); all records of any kind relating to any of		nt of Agriculture, or	any other general in	itangibles or
programs), an records of any kind relating to any or	the foregoing.			
5. Check only if applicable and check only one box: Collateral is held in a Trus	st (see UCC1Ad, item 17 and I	nstructions) being admi	nistered by a Decedent's Person	al Representative

A Debtor is a Transmitting Utility

Seller/Buyer

Consignee/Consignor

FILING OFFICE COPY — UCC FINANCING STATEMENT (Form UCC1) (Rev. 07/01/23)

Manufactured-Home Transaction

Lessee/Lessor

6a. Check only if applicable and check only one box:

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA:

Public-Finance Transaction

2623 95730

6b. Check \underline{only} if applicable and check \underline{only} one box:

Non-UCC Filing

Licensee/Licensor

Agricultural Lien

Bailee/Bailor

2023-006816Klamath County, Oregon

08/11/2023 08:09:02 AM

(DC Dan Danah 11 C				
RC Bar Ranch, LLC				
9b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE	IS FOR FILING OFFIC	SE LISE ONLY
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or 0 do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mai	Debtor name that did not fit in line 1b or 2			
10a. ORGANIZATION'S NAME				
10b. INDIVIDUAL'S SURNAME Foreman				
INDIVIDUAL'S FIRST PERSONAL NAME Cheryl				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX 8560 La
MAILING ADDRESS 8560 Las Animas Road	San Jose	STATE CA	POSTAL CODE 95135	COUNTRY
	NOR SECURED PARTY'S NAM	E: Provide only <u>one</u> nan	ne (11a or 11b)	
11a. ORGANIZATION'S NAME				
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	DNAL NAME(S)/INITIAL(S	SUFFIX
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
ADDITIONAL SPACE FOR ITEM 4 (Collateral):				_
ADDITIONAL SPACE FOR ITEM 4 (Collateral):				
ADDITIONAL SPACE FOR ITEM 4 (Collateral):				
ADDITIONAL SPACE FOR ITEM 4 (Collateral):				
▶ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	14. This FINANCING STATEMENT:			
This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)	covers timber to be cut	covers as-extracted o	collateral ⊻ is filed a	s a fixture filing
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): ichard A Foreman and Cheryl Foreman 560 Las Animas Road		⊐ Road, Chiloquir		
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): ichard A Foreman and Cheryl Foreman	covers timber to be cut 16. Description of real estate: 19550 Sprague River F	Road, Chiloquir 000. ange 10 East o	n , OR 97624; <i>i</i>	APN

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Sta	tement; if line 1b was left blank	1		
9a. ORGANIZATION'S NAME RC Bar Ranch, LLC		_		
No Bai Nation, EES		_		
9b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE SPACE	IS FOR FILING OFFICE	USE ONLY
DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor do not omit, modify, or abbreviate any part of the Debtor's name) and en		e 1b or 2b of the Financing State	ment (Form UCC1) (use exac	ct, full name;
10a. ORGANIZATION'S NAME				
R 10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
Oc. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
11b. INDIVIDUAL'S SURNAME 11c. MAILING ADDRESS	FIRST PERSONAL NAME	STATE	DNAL NAME(S)/INITIAL(S) POSTAL CODE	SUFFIX
2. ADDITIONAL SPACE FOR ITEM 4 (Collateral):				
This FINANCING STATEMENT is to be filed [for record] (or recorder REAL ESTATE RECORDS (if applicable)		_		
Name and address of a RECORD OWNER of real estate described in ite (if Debtor does not have a record interest):	'	=		
	Section 32: That Sprague River Hi Willamette Meridi Section 5: Govern	E1/4 SW1/4 lying Eaportion of the S1/2 Sghway. Township 36 an, Klamath County	SW1/4 lying West S South, Range 10 , Oregon. NW1/4 and that p	of the 0 East of th
7. MISCELLANEOUS:	Government Lot 3 River.	3 and the SE1/4 NW	71/4 lying West of	Sprague

RC Bar Ranch, LLC				
9b. INDIVIDUAL'S SURNAME				
FIRST PERSONAL NAME				
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX			
DEDTOD'S NAME D. 11 (6)			IS FOR FILING OFFICE	
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 results of the Debtor's name and enter the results of the Debtor's name.		b of the Financing Staten	nent (Form UCC1) (use exac	ct, full name;
10a. ORGANIZATION'S NAME				
10b. INDIVIDUAL'S SURNAME				
INDIVIDUAL'S FIRST PERSONAL NAME				
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNT
ADDITIONAL SECURED PARTY'S NAME or ASSIG	 GNOR SECURED PARTY'S NAM	E: Provide only one non	20 (11a or 11b)	
11a. ORGANIZATION'S NAME	SHOR SECONED FARTES NAM	E. Flovide only <u>one</u> han	le (Tra of Trb)	
11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
MAILING ADDRESS	СІТУ	STATE	POSTAL CODE	COUNT
MAILING ADDRESS ADDITIONAL SPACE FOR ITEM 4 (Collateral):	CITY	STATE	POSTAL CODE	COUNT
	СІТУ	STATE	POSTAL CODE	COUNT
ADDITIONAL SPACE FOR ITEM 4 (Collateral):	14. This FINANCING STATEMENT:			
ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filed [for record] (or recorded) in the		covers as-extracted o	collateral ☑ is filed as	
ADDITIONAL SPACE FOR ITEM 4 (Collateral): This FINANCING STATEMENT is to be filled [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 STATEMENT: covers timber to be cut 16. Description of real estate:	covers as-extracted of t Lots 1 and 2, s ange 10 East of on. Section 6: 1	sollateral ☑ is filed as S1/2 NE1/4 f the Willamette № Гhat portion of Go	a fixture filing Meridian overnme

P. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if Ii because Individual Debtor name did not fit, check here	ne 1b was left blank				
9a. ORGANIZATION'S NAME RC Bar Ranch, LLC					
Pb. INDIVIDUAL'S SURNAME					
FIRST PERSONAL NAME					
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	THE ABOVE S	SPACE	IS FOR FILING OFFICE	USE ONLY
DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> additional Debtor name or D do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mail					
10a. ORGANIZATION'S NAME					
DR 10Ь. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
0c. MAILING ADDRESS	CITY	S	STATE	POSTAL CODE	COUNTRY
1. ADDITIONAL SECURED PARTY'S NAME OF ASSIGN	IOR SECURED PARTY'S	NAME: Provide only	one nam	ne (11a or 11b)	
T1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	A	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
I.c. MAILING ADDRESS	CITY	S	STATE	POSTAL CODE	COUNTRY
2. 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 STATEM covers timber to be d				ı 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):	16. Description of real estate: The N1/2 N1/2 of of the Willamette Me the Sprague River Hig	Section 32, Tov	wnsh	ip 35 South, Ranç	ge 10 Eas
7. MISCELLANEOUS:					