# 2023-010066

Klamath County, Oregon

11/21/2023 08:46:01 AM

Fee: \$102.00

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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)					
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Umpqua Bank	'	, ,		*	
PO Box 1580		<i>V</i>			
Roseburg, OR 97470		. •			
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<ol> <li>DEBTOR'S NAME: Provide only one Debtor name (1a or tb) (use exact, if name will not fit in line 1b, leave all of item 1 blank, check here  and provide</li> </ol>	uli name; do not omit, modity, de the Individual Debtor inforn				
1a, ORGANIZATION'S NAME					
Terra Nostra, LLC					
OR 15, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	<u> </u>	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
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1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
34611 Malin Loop Rd.	Malin		OR	97632	USA
2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, for	ull name; do not omit, modify,	or abbreviate any part of	the Debtor	's name); if any part of the	Individual Debtor's
name will not fit in line 2b, leave all of item 2 blank, check here and provk	de the Individual Debtor inform	ation in item 10 of the Fi	nancing St	atement Addendum (Form	UCC1Ad)
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3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SE 3a. ORGANIZATION'S NAME	CURED PARTY): Provide onl	y one Secured Party nan	ne (32 or 3t	)	
Umpqua Bank					
OR 35, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAM	· · ·	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
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3c. MAILING ADDRESS	CITY	+	STATE	POSTAL CODE	COUNTRY
C/O Loan Support Services, PO Box 1580	Roseburg	•	OR	97470	USA
4. COLLATERAL: This financing statement covers the following collateral:		<del></del>	•		
All Fixtures; whether any of the foregoing	ic owned new	or acquired b	ator: s	II accessions	additions
replacements, and substitutions relating to any					
foregoing.	,	te to to			<b>4,</b> 5
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5, Check only if applicable and check only one box: Collateral is held in a Tru-	st (see UCC1Ad, item 17 and	Instructions) bein	administe	red by a Decedent's Pers	onal Representative
6a. Check only if applicable and check only one box;				f applicable and check on	
Public-Finance Transaction Manufactured-Home Transaction	A Debtor is a Transi	nitting Utility	Agricul	tural Lien Non-Ut	CC Filing
7. ALTERNATIVE DESIGNATION (if applicable); Lessee/Lessor	Consignee/Consignor	Seller/Buyer	Ва	ilee/Bailor Li	censee/Licensor
8. OPTIONAL FILER REFERENCE DATA:					
748362493					_

DLLOW INSTRUCTIONS						
NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing S because Individual Debtor name did not fit, check here	Statement; if line 1b was le	ft blank				
9a. ORGANIZATION'S NAME	<del>-</del>		ļ			
Terra Nostra, LLC						
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NAME OF FIRST DEBTOR; Same as line 1a or 1b on Financing Statement; because Individual Debtor name did not fit, check here	if line 1b was left blank	. • ,			
Sa, ORGANIZATION'S NAME					
Terra Nostra, LLC					
DR					
9b. INDIVIDUAL'S SURNAME					
FIRST PERSONAL NAME		• •			
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX				
				IS FOR FILING OFFICE	
<ol> <li>DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name.</li> </ol>		line 15 or 25 of the l	Financing S	Statement (Form UCC1) (use	exact, full name;
do not omit, modify, or abbreviate any part of the Debtor's name) and enter the	mailing address in line 10c	٤.			
10a. ORGANIZATION'S NAME		-			_
10b. INDIVIDUAL'S SURNAME			_		
INDÍVÍDUAL S FIRST PERSONAL NAME					· · · · · · · · · · · · · · · · · · ·
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INDIVIDUAL'S ADDITIONAL NAME(S)INITIAL(S)		<u> </u>	_		SUFFIX
0c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
	0111				
1. ADDITIONAL SECURED PARTY'S NAME of ASSIGNATION'S NAME	NOR SECURED PARTY'S				
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FOLLOW INSTRUCTIONS 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 9a, ORGANIZATION'S NAME Terra Nostra, LLC 95, INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10a, ORGANIZATION'S NAME 10b, INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME SUFFIX INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 10¢, MAILING ADDRESS STATE POSTAL CODE COUNTRY CITY 11, ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (112 or 11b) 11a. ORGANIZATION'S NAME SUFFIX 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) STATE POSTAL CODE COUNTRY 11c. MAILING ADDRESS 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable) 14. This FINANCING STATEMENT: covers timber to be cut covers as-extracted collateral X is filed as a fixture filing 15. Name and address of a RECORD OWNER of real estate described in item 16 6. Description of real estate: Klamath County, Oregon, lying South of the right of way of the (if Debtor does not have a record interest): Great Northern Railway Co. and North of the USBR 1-C-1 drainage ditch. EXCEPTING FROM said Parcels the USBR 1-C Drain, the USBR 1-C-1 Drain, and that portion of the USBR A-4B Lateral lying Southerly and Westerly of the Burlington Northern Railroad right of way. 17. MISCELLANEOUS: