



UCC

LIEN NO. 93860534

FULL CIRCLE LLC

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

|  |                            |
|--|----------------------------|
| A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)<br>Online Dept. - 888-507-4593                                  |                            |
| B. E-MAIL CONTACT AT SUBMITTER (optional)  |                            |
| C. SEND ACKNOWLEDGMENT TO: (Name and Address)<br>DATA RESEARCH INC.<br>7185 SW Sandburg #110<br>Portland, OR 97223 |                            |
| UCC1-1359656   | State of Oregon, <u>OR</u> |
| SEE BELOW FOR SECURED PARTY CONTACT INFORMATION  |                            |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full 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 1b, leave all of item 1 blank, check here ☐ and provide the individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

|  |                          |                               |                |                      |
|--|--------------------------|-------------------------------|----------------|----------------------|
| 1a. ORGANIZATION'S NAME<br>FULL CIRCLE LLC |                          |                               |                |                      |
| OR   | 1b. INDIVIDUAL'S SURNAME |                               |                |                      |
|  | FIRST PERSONAL NAME      | ADDITIONAL NAME(S)/INITIAL(S) |                | SUFFIX               |
| 1c. MAILING ADDRESS<br>701 E 2ND STREET    |                          | CITY<br>THE DALLES            | STATE<br>OR    | POSTAL CODE<br>97058 |
|  |                          |                               | COUNTRY<br>USA |                      |

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full 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 provide the individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

|                         |                          |                               |         |             |
|-------------------------|--------------------------|-------------------------------|---------|-------------|
| 2a. ORGANIZATION'S NAME |                          |                               |         |             |
| OR                      | 2b. INDIVIDUAL'S SURNAME |                               |         |             |
|                         | FIRST PERSONAL NAME      | ADDITIONAL NAME(S)/INITIAL(S) |         | SUFFIX      |
| 2c. MAILING ADDRESS     |                          | CITY                          | STATE   | POSTAL CODE |
|                         |                          |                               | COUNTRY |             |

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

|  |                          |                               |                |                      |
|--|--------------------------|-------------------------------|----------------|----------------------|
| 3a. ORGANIZATION'S NAME<br>UMPQUA BANK |                          |                               |                |                      |
| OR                                     | 3b. INDIVIDUAL'S SURNAME |                               |                |                      |
|  | FIRST PERSONAL NAME      | ADDITIONAL NAME(S)/INITIAL(S) |                | SUFFIX               |
| 3c. MAILING ADDRESS<br>P.O. BOX 1580   |                          | CITY<br>ROSEBURG              | STATE<br>OR    | POSTAL CODE<br>97470 |
|  |                          |                               | COUNTRY<br>USA |                      |

4. COLLATERAL: This financing statement covers the following collateral:

1. DEFINITIONS. As used in this Collateral description, the following words have the meanings stated below:

1.1 Grantor and Debtor. The word "Grantor" also includes the Debtor named in any related UCC Financing Statement.

1.2 Real Property. The term "Real Property" means the property at 701 East 2nd Street and 707 E 2nd Street, The Dalles, OR, 97058 more particularly described below, including all of Grantor's rights of ingress and egress to the Real Property: PARCEL I The North 25 feet of even width of Lot 12, Block 18, LAUGHLIN'S ADDITION TO DALLES CITY, in the City of The Dalles, Wasco County, State of Oregon. PARCEL II The North 28 feet of even width of Lot 11, Block 18, LAUGHLIN'S ADDITION TO DALLES CITY, in the City of The Dalles, Wasco County, State of Oregon. PARCEL III The Southwesterly 72 feet of even width of Lot 11 and the Southwesterly 75 feet of even width of Lot 12, Block 18, LAUGHLIN'S ADDITION TO DALLES CITY, in

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:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility ☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

[UCC1-1359656]

# UCC FINANCING STATEMENT ADDENDUM

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 ☐

|    |                               |        |
|----|-------------------------------|--------|
| OR | 9a. ORGANIZATION'S NAME       |        |
|    | FULL CIRCLE LLC               |        |
|    | 9b. INDIVIDUAL'S SURNAME      |        |
|    | FIRST PERSONAL NAME           |        |
|    | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |

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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

|    |  |        |  |  |
|----|--|--------|--|--|
| OR | 10a. ORGANIZATION'S NAME                   |        |  |  |
|    | 10b. INDIVIDUAL'S SURNAME                  |        |  |  |
|    | INDIVIDUAL'S FIRST PERSONAL NAME           |        |  |  |
|    | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) |        |  |  |
|    |  | SUFFIX |  |  |

|                      |      |       |             |         |
|----------------------|------|-------|-------------|---------|
| 10c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
|----------------------|------|-------|-------------|---------|

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

|    |                           |      |                               |             |         |
|----|---------------------------|------|-------------------------------|-------------|---------|
| OR | 11a. ORGANIZATION'S NAME  |      |                               |             |         |
|    | 11b. INDIVIDUAL'S SURNAME |      |                               |             |         |
|    | FIRST PERSONAL NAME       |      | ADDITIONAL NAME(S)/INITIAL(S) |             |         |
|    | SUFFIX                    |      |                               |             |         |
|    | 11c. MAILING ADDRESS      | CITY | STATE                         | POSTAL CODE | COUNTRY |

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

the City of The Dalles, Wasco County, State of Oregon. PARCEL IV Lot 10, Block 18, LAUGHLIN'S ADDITION TO DALLES CITY, in the City of The Dalles, Wasco County, State of Oregon. 1.3 Improvements. The word "Improvements" means all buildings, structures, fixtures and other improvements of every kind and nature now or hereafter located on or about the Real Property. 1.4 Premises. The word "Premises" means the Real Property and the Improvements. 2. PERSONAL PROPERTY. All personal property, except personal property

13. ☐ 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 ☐ is filed as a fixture filing

15. Name and address of a RECORD OWNER of real estate described in item 10 (if Debtor does not have a record interest):

16. Description of real estate:

17. MISCELLANEOUS:

# **UCC FINANCING STATEMENT ADDENDUM** 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 <input type="checkbox"/> |                               |
| 9a. ORGANIZATION'S NAME  |                               |
| FULL CIRCLE LLC  |                               |
| OR   | 9b. INDIVIDUAL'S SURNAME      |
|  | FIRST PERSONAL NAME           |
|  | ADDITIONAL NAME(S)/INITIAL(S) |
|  | SUFFIX                        |

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|   |  |      |       |             |
|---|--|------|-------|-------------|
| 10. DEBTOR'S NAME: Provide (10a or 10b) only <u>one</u> 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  |  |      |       |             |
| OR  | 10b. INDIVIDUAL'S SURNAME                  |      |       |             |
|   | INDIVIDUAL'S FIRST PERSONAL NAME           |      |       |             |
|   | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) |      |       |             |
|   | SUFFIX                                     |      |       |             |
| 10c. MAILING ADDRESS  |  | CITY | STATE | POSTAL CODE |
|   |  |      |       | COUNTRY     |

|   |                           |      |                     |                               |
|---|---------------------------|------|---------------------|-------------------------------|
| 11. <input type="checkbox"/> ADDITIONAL SECURED PARTY'S NAME or <input type="checkbox"/> ASSIGNOR SECURED PARTY'S NAME: Provide only <u>one</u> name (11a or 11b) |                           |      |                     |                               |
| 11a. ORGANIZATION'S NAME  |                           |      |                     |                               |
| OR  | 11b. INDIVIDUAL'S SURNAME |      | FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) |
|   |                           |      |                     | SUFFIX                        |
| 11c. MAILING ADDRESS  |                           | CITY | STATE               | POSTAL CODE                   |
|   |                           |      |                     | COUNTRY                       |

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

owned by tenants occupying the Improvements, and all fixtures of every kind and nature now owned and/or hereafter acquired and situated upon and/or used in connection with the operation, ownership, use or enjoyment of the Premises including, without limitation, the following: 2.1 All accounts, chattel paper, contracts for sale, deposit accounts, documents, documents of title, contract rights, general intangibles, payment intangibles, letters of credit, goods, instruments and assumed business names of Grantor relating to the Premises; 2.2 All equipment,

|  |   |
|--|---|
| 13. <input type="checkbox"/> This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable) | 14. This FINANCING STATEMENT:<br><input type="checkbox"/> covers timber to be cut <input type="checkbox"/> covers as-extracted collateral <input type="checkbox"/> is filed as a fixture filing |
| 15. 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:   |
|  |   |

17. MISCELLANEOUS:

**FOLLOW INSTRUCTIONS**



OR

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10.

OR

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11.

**OR**

12.

12.

ins

13.

17.

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|                               |        |
|-------------------------------|--------|
| 9a. ORGANIZATION'S NAME       |        |
| FULL CIRCLE LLC               |        |
| OR                            |        |
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| OR                        |                     |                               |         |
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| 11c. MAILING ADDRESS      |                     | CITY                          | STATE   |
|                           |                     | POSTAL CODE                   | COUNTRY |

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

now or hereafter accruing to the benefit of Grantor and/or the Premises; 2.5 All bonding, construction, development, financing, guaranty, indemnity, maintenance, management, service, supply and warranty agreements, commitments, contracts, subcontracts, reports, studies, agreements; insurance policies and bonds relating to the Premises; 2.6 All deposits, reserves, prepayments, deferred payments, rebates, refunds and returns of money or property paid to or deposited with any governmental body, agency or authority, any public or private

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14. This FINANCING STATEMENT:

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16. Description of real estate:

17. MISCELLANEOUS:

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|    |                           |  |                     |                               |

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| 11c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
|----------------------|------|-------|-------------|---------|

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

utility, district or company, insurance companies, or any other person in connection with the Premises. 3. INCOME FROM OPERATIONS. All leases, rental agreements, income, room rates, revenues, rents, issues, profits, accounts, accounts receivable, security deposits, rent deposits, general intangibles, contract rights or any other revenues related to the Premises or generated from operations conducted on the Premises, whether now or hereafter existing and whether characterized as being derived from real or personal property, including, without

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|    | INDIVIDUAL'S FIRST PERSONAL NAME           |  |  |        |
|    | INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) |  |  |        |
|    |  |  |  | SUFFIX |

|                      |      |       |             |         |
|----------------------|------|-------|-------------|---------|
| 10c. MAILING ADDRESS | CITY | STATE | POSTAL CODE | COUNTRY |
|----------------------|------|-------|-------------|---------|

11. ☐ ADDITIONAL SECURED PARTY'S NAME or ☐ ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)

|    |                           |       |                               |         |
|----|---------------------------|-------|-------------------------------|---------|
| OR | 11a. ORGANIZATION'S NAME  |       |                               |         |
|    | 11b. INDIVIDUAL'S SURNAME |       |                               |         |
|    | FIRST PERSONAL NAME       |       | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX  |
|    | 11c. MAILING ADDRESS      |       |                               |         |
|    | CITY                      | STATE | POSTAL CODE                   | COUNTRY |

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

limitation, income from inventory sales, tenant or guest occupancy of the Premises, personal services, amenities, concessions, vendors, food and bar services.; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing

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14. This FINANCING STATEMENT:

☐ covers timber to be cut ☐ covers as-extracted collateral ☐ is filed as a fixture filing

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16. Description of real estate:

17. MISCELLANEOUS: