FILED: MAY 06, 2024 09:03 AM OREGON SECRETARY OF STATE



		:			
		UCC	LIEN N	O. 93860534 FU	LL CIRCLE LLC
UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS			•		
A. NAME & PHONE OF CONTACT AT SUBMITTER (optional)	, ,, ,,	1 · .			
Online Dept, - 888-507-4593  B. E-MAIL CONTACT AT SUBMITTER (optional)					
B. E-WALL CONTACT AT SUBMITTER (OPTIONSI)					
C. SEND ACKNOWLEDGMENT TO: (Name and Address)  DATA RESEARCH INC.  7185 SW Sandburg #110  Portland, OR 97223	7 pgs				
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UCC1-1359656 State of C	Dregon <u>, O</u> R				
1. DEBTOR'S NAME: Provide only one Debtor name (1s or 1b) (use oxed, full name)				OR FILING OFFICE USE (	
not fit in line 1b, leave all of item 1 blank, check here and provide the	e Individual Debtor	Information in Item 10 of the Fit	nancing Statemen	it Addendum (Form UCC1Ad)	Geotor's name will
18. ORGANIZATION'S NAME	***********				
OR TULL CIRCLE LLC  15. INDIVIDUAL'S SURNAME	FIRST PERSONA	L NAME	ADDITIO	NAL NAME(SYINITIAL(S)	SUFFIX
	,			,,	
1c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
701 E 2ND STREET	THE DALL		OR	97058	USA
2. DESTOR'S NAME: Provide only <u>one</u> Debtor name (2a or 2b) (use exact, full name not fit in fine 2b, leave all of item 2 blank, check here and provide the	ie; oo noi omii, moi ie Individual Debtori	ony, or abbraviate any part of Information in Item 10 of the Fir	ina Dabtor's nan Pancing Statemen	18); if any part of the Individual: it Addendum (Form UCC1Ad)	Deblor's name will
20. ORGANIZATION'S NAME					
OR 25. INDIVIDUAL'S SURNAME	FIRSTPERSONA	) ANALIS	LADDITIO	ATAL STARRED WARRINGS (C)	leveev
EN HISTORICA S SOUTHWILE	TING I PERSONS	IL NAME	AOUNG	NAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
A OF OLOTED BARYON	l				
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURE 30. ORGANIZATION'S NAME	D PARTY): Provid	o only one Secured Party nan	no (3a or 3b)		
OR UMPQUA BANK					
36. INDIVIDUAL'S SURNAME	FIRST PERSONA	T NVWE	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
P.O. BOX 1580	ROSEBURG	3	OR	97470	USA
4, COLLATERAL: This financing statement covers the following collateral:					
1. DEFINITIONS. As used in this Collateral description	ription, the	following word	s have the	e meanings state	d below:
1.1 Grantor and Debtor, The word "Grantor" also	includes th	ie Debtor named	in any re	lated UCC Finar	ncing
Statement. 1.2 Real Property. The term "Real Prop	perty" mea	ns the property a	it 701 Eas	st 2nd Street and	707 E 2nd
Street, The Dalles, OR, 97058 more particularly d	escribed b	elow, including	all of Gra	ntor's rights of ir	ngress and
egress to the Real Property: PARCEL I The North	25 feet of	even width of L	ot 12, Bl	ock 18, LAUGH	LIN'S
ADDITION TO DALLES CITY, in the City of TI	he Dalles, '	Wasco County, S	State of C	regon. PARCEI	II The
North 28 feet of even width of Lot 11, Block 18, I	LAUGHLI	N'S ADDITION	TO DAI	LES CITY, in the	he City of
The Dalles, Wasco County, State of Oregon. PAR	CEL III TI	he Southwesterly	72 feet	of even width of	Lot 11 and
the Southwesterly 75 feet of even width of Lot 12	, Block 18,	LAUGHLIN'S	ADDITIO	ON TO DALLES	SCITY, in
5. Check only if applicable and check only one box: Collaterel is held in a Trust (s	ee UCC1Ad, Item 1	7 and Instructions)	being administer	ed by a Decedent's Personal i	Representative
6a. Check only if applicable and check only one box:				applicable and check only on	
Public-Finance Transaction Manufactured-Home Transaction		Transmitting Utility		ural Lien Non-UCC	
7. ALTERNATIVE DESIGNATION (il applicable): LesseenLessor (	Consignac/Consign	or Soller/Buyar	Ba	lloe/Balior ∐ Licen:	see/Licensor

8. OPTIONAL FILER REFERENCE DATA: [UCC1-1359656]

9a. ORGANIZATION'S NAME							
FULL CIRCLE LLC							
						k	
FIRST PERSONAL NAME							
ADDITIONAL NAME(SYINITIAL(S)		SUFFIX	THE AROVE	SPACE	S FOR FILL	NG OFFICE U	ISE ONLY
DEBTOR'S NAME: Provide (10s or 10h) only one additional Do do not omli, modily, or abbreviate any part of the Dobtor's name) end	norme or Debtor na dentar the malling addr	no that did not fit in line 1b uss in line 10c					
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R 105. INDIVIDUAL'S SURNAME							
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MALENG ADDRESS	CITY			STATE	POSTAL CO	DOE	COUNTRY
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116. INDIVIDUAL'S SURNAME	leige	DETECNIAL MALIE		ADDITIO	NAL NAMES	NAME TALL (C)	Toursty
	rika	PERSONAL NAME		ADDITIO	nal name(s	MULIAC(S)	SUFFIX
. MAILING ADDRESS	CITY			STATE	POSTAL CO	DDE	COUNTRY
ADDITIONAL SPACE FOR ITEM 4 (Collateral):				<u> </u>		· · · · · · · · · · · · · · · · · · ·	
e City of The Dalles, Wasco County, St	•		•		•		
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operty and the Improvements. 2. PERS	ONAL PRO	PERTY. All pe	rsonal prop				
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9a. ORGANIZATION'S NAME					
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10s. ORGANIZATION'S NAME					
105. INDIVIDUAL'S SURNAME		-			
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INDIVIDUAL'S ADDITIONAL NAME(S/INITIAL(S)	***************************************	and the state of t		20-min 1/1-	SUFFIX
c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
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ADDITIONAL SPACE FOR ITEM 4 (Collateral):					
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9. NAME OF FIRST DEBTOR: Same as line to or 1b on Financing Statement; If line 1b was left blank because individual Dabter name did not fit, check here 98. ORGANIZATION'S NAME FULL CIRCLE LLC 8b. 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 abbreviale any part of the Debter's name) and enter the mailing address in line 10c 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIOUAL'S ADDITIONAL NAME(S)/INITIAL(S) 10c. MAILING ADDRESS COUNTRY 11. ADDITIONAL SECURED PARTY'S NAME OF ASSIGNOR SECURED PARTY'S NAME: Provide only ong name (11a or 11b) 11a, ORGANIZATION'S NAME 116, INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX COUNTRY 11¢. MAILING ADDRESS STATE POSTAL CODE 12, ADDITIONAL SPACE FOR ITEM 4 (Collateral): inventory, furnishings, appliances, machinery, tools, building materials, supplies, maintenance or service equipment and other raw materials or supplies, component parts and work in progress relating to the Premises; 2.3 All warranties, licenses, franchises, plats, as-built plans, approvals, permits, drawings, specifications and construction contracts relating to the Premises or Grantor's business operations on the Premises; 2.4 All commercial tort claims with respect to the Premises and other legal and equitable claims, judgments and awards 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 15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debter does not have a record interest): 16. Description of real estate: 17. MISCELLANEOUS:

9. N	IAME OF FIRST DEBTOR: Same as line to or 1b on Financing Statement; if it is asset to dividual Debtor name did not fill, check here	ino 1b was left i	blenk				
	98. ORGANIZATION'S NAME						
OR	FULL CIRCLE LLC 96. INDIVIDUAUS SURNAME		,				
	FIRST PERSONAL NAME						•
	ADDITIONAL NAME(\$)INITIAL(\$)		SUFFIX				
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	100. ORGANIZATION'S NAME		<del></del>	<del>", -</del> "			
OR	10b. INDIVIDUAL'S SURNAME						
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10c.	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
11.	ADDITIONAL SECURED PARTY'S NAME of ASSIGN	IOR SECU	RED PARTY'S	NAME: Provide on	ly <u>one</u> nam	[ e (11a or 11b)	
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110.	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
	ADDITIONAL SPACE FOR ITEM 4 (Collateral):			·'	<u> </u>		
	w or hereafter accruing to the benefit of Granto			•			
	elopment, financing, guaranty, indemnity, ma eements, commitments, contracts, subcontract		•				
	ating to the Premises; 2.6 All deposits, reserve						
of 1	noney or property paid to or deposited with ar	ny gover	nmental bo	dy, agency			
13.	This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable)	I	IANCING STATEME Ters timber to be cut		extracted o	ollateral   Is filed as a fi	ixture filion
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9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing bacause individual Debter name did not fit, check here	Stalement; If line 1b was left I	blank				
9a. ORGANIZATION'S NAME						
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10a, ORGANIZATION'S NAME					······································	***************************************
OR 10b, INDIVIDUAL'S SURNAME	The state of the s				To the state of th	
INDIVIDUAL'S FIRST PERSONAL NAME						
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)	THE RESERVE AND ASSESSMENT ASSESS					SUFFIX
10c. MAILING ADDRESS CITY STATE POSTAL CODE				POSTAL CODE	COUNTRY	
11. ADDITIONAL SECURED PARTY'S NAME Q	ASSIGNOR SECU	RED PARTY'S	NAME: Provide on	ny bud usu	e (11a or 11b)	
OR 116. INDIVIDUAL'S SURNAME	FIRST PER	SONAL NAME		ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
11c. MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):	<u> </u>				<u> </u>	1
utility, district or company, insurance co.						
INCOME FROM OPERATIONS, All le						
profits, accounts, accounts receivable, se		-	. •	-		•
other revenues related to the Premises or hereafter existing and whether characteri						
13. This FINANCING STATEMENT is to be filed (for record) (or reco				mai pr	operty, including	, without
REAL ESTATE RECORDS (if applicable)			ollatoral is filed as a fi	xture filling		
(if Debter does not have a record interest);	10. 5000,00	içii çi içai aşışıç.				
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17. MISCELLANEOUS:	<u> </u>					

#### 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 Deblor name did not fil, check hore 9a, ORGANIZATION'S NAME FULL CIRCLE LLC 95, INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(\$)/INITIAL(\$) SUFFIX THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debter name or Debter 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 Opbtor's name) and enter the mailing address in fine 10c 10b. INDIVIDUAL'S SURNAME . INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 10c, MAILING ADDRESS 11. ADDITIONAL SECURED PARTY'S NAME OF ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11s or 11b) 11a, ORGANIZATION'S NAME 115. INDIVIDUAL'S SURNAME PIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS 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

13. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL ESTATE RECORDS (if applicable)	14. This FINANCING STATEMENT:
15. Name and address of a RECORD OWNER of real estate described in item 16 (if Deblor does not have a record interest):	16. Description of real estate:
17. MISCELLANEOUS:	<u> </u>