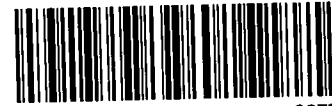




EFS-1

STATE OF OREGON
Corporation Division - U
255 Capitol Street NE, Suit
Salem, OR 97310-132
(503) 986-2200 Facsimile (503)
FilingInOregon.com

EFS



LIEN NO. 94129034

SOTER VINEYARDS, LLC

(Reserved for Filing Officer Use)

Farm Products Financing Statement Standard Form

PLEASE TYPE OR PRINT LEGIBLY. READ INSTRUCTIONS BEFORE FILLING OUT FORM.

This FARM PRODUCT EFFECTIVE FINANCING STATEMENT is presented to the filing officer pursuant to ORS Chapter 80.100 to 80.130. This statement remains effective for a period of five years from the date of filing, subject to extensions for additional periods as provided for by ORS Chapter 80.115(3).

A. NAME(S) OF PERSON(S) SUBJECTING FARM PRODUCTS TO THE SECURITY INTEREST.

- 1. Soter Vineyards, LLC
- 2. Somar Ranches, LLC
- 3. NVVIP Eola Hills, LLC

Mark One:

If Individual, list last name first.

- Business - Individual

- Business - Individual

- Business - Individual

MAILING ADDRESS

- 1. P.O. Box 430, Carlton, OR 97111
- 2. PO Box 430, Carlton, OR 97111
- 3. PO Box 430, Carlton, OR 97111

B. SECURED PARTY NAME(S) AND ADDRESS(ES)

- 1. AgWest Farm Credit, PCA, 380 Farm Credit Drive SE, Salem, OR 97301-5501
- 2. _____
- 3. _____

C. FARM PRODUCT CODE COUNTY CODE CROP YEAR (If applicable) AMOUNT (If applicable)

C. FARM PRODUCT CODE	COUNTY CODE	CROP YEAR (If applicable)	AMOUNT (If applicable)
0505	— 27 & 36	—	—
—	—	—	—
—	—	—	—
—	—	—	—
—	—	—	—
—	—	—	—

Debtor

The requirement that a document be signed, authorized or otherwise authenticated by the debtor is satisfied if the debtor has executed a security agreement against a security interest in the farm products to the secured party ORS Ch. 80.115 (7)

RETURN TO (Please type within the box)

AgWest Farm Credit - Salem
 380 Farm Credit Drive SE
 Salem, OR 97301-5501

FEES

Make check for \$15.00 payable to "Corporation Division."

Note: Filing fees may be paid with Visa or MasterCard. The card number and expiration date should be submitted on a separate sheet of paper for your protection.

Do not submit duplicates of this filing or its attachments.

Effective Financing Statement

Schedule A

Additional Debtors	Debtor Mailing Address
NVVIP Ribbon Ridge, LLC	PO Box 430, Carlton, OR 97111

Farm Product Code	County Code	Crop Year (If applicable)	Amount (If applicable)