			FILED: MAY	30, 2025 04:	06 PM	
		UCC	OREGON SEC	D7224	STATE	1
	C FINANCING STATEMENT					;
	NAME & PHONE OF CONTACT AT SUBMITTER (optional) me: Wolters Kluwer Lien Solutions Phone: 800-331-3282 Fax:	818-662-4141				
В.	E-MAIL CONTACT AT SUBMITTER (optional) uccfilingreturn@wolterskluwer.com					
С.	SEND ACKNOWLEDGMENT TO: (Name and Address) 49367 - Five	Star Bank				
l ſ		60331				
1'	P.O. Box 29071					
	Glendale, CA 91209-9071 OROR					
l	File with: Secretary of State, OR SEE BELOW FOR SECURED PARTY CONTACT INFORM			SPACE IS FO	DR FILING OFFICE L	JSE ONLY
	EBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use exact, full me will not fit in line 1b, leave all of item 1 blank, check here in and provide					
	1a. ORGANIZATION'S NAME					
	Berkeley Moshav LLC					
OR	1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	ME	ADDITION	NAL NAME(S)/INITIAL(S)	SUFFIX
	AILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
c/c	Urban Development Partners, 321 NE Couch St. #403	Portland		OR	97232	USA
	EBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full					
na	ame will not fit in line 2b, leave all of item 2 blank, check here and provide 2a. ORGANIZATION'S NAME	the Individual Debtor in	formation in item 10 of t	the Financing Sta	itement Addendum (Form	UCC1Ad)
OR	2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	ME	ADDITIO	VAL NAME(S)/INITIAL(S)	SUFFIX
2c. 1	MAILING ADDRESS	ĊITY		STATE	POSTAL CODE	COUNTRY
	ECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SEC		anti- and Convert Do	tu nama (20.01.2)		
J. J	38. ORGANIZATION'S NAME		only one Second Par	ty name (Salor Si	5,	
00	Five Star Bank					
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL N	ME	ADDITIO	NAL NAME(S)/INITIAL(S)	SUFFIX
3c.	MAILING ADDRESS	CITY	<u> </u>	STATE	POSTAL CODE	COUNTRY
31	00 Zinfandel Drive #100	Rancho Cordo	va	CA	95670	USA
All nov res plui cor	OLLATERAL: This financing statement covers the following collateral: present and future inventory and equipment, all deposit accour v or hereafter located at, upon or about the real estate describe pect to the Property and/or the use thereof or any improvement mbing and plumbing material and supplies, concrete, lumber, h iditioning material and supplies, roofing material and supplies, terial and supplies, flooring, carpeting, appliances, fencing, land	ed below ("Propert ts thereto, includin ardware, electrica window material a	y") or used or to be g without limitation wiring and electric nd supplies, doors,	e used in conr all present a cal materials a paint, drywal	nection with or relatin nd future fixtures, go and supplies, heating I, insulation, cabinet	ng or arising with bods, machinery, g and air ts, ceramic
All	deposit accounts maintained with Secured Party.					
res with dra per cor	present and future accounts, general intangibles, chattel pape pect to the Property and/or the use thereof or any improvemen- nout limitation escrow proceeds arising out of the sale or other wings relating to the development of the Property and/or any co- mits, and all other permits and approvals required by any gove istruction, use, occupancy or operation of the Property; (iv) any eration of the Property between Debtor and any contractor, sub terials; (v) all lease or rental agreements and all rents, security	ts thereto, includin disposition of all o onstruction thereo rnmental or quasi- and all agreemer contractor, project	g without limitation r any portion of the n; (iii) all use permi governmental auth ts relating to the do manager or super	<ul> <li>(i) all rights to Property; (ii)</li> <li>its, occupancy</li> <li>iority in connectivity in connectivity in connectivity of the second second</li></ul>	o the payment of mo all plans, specificati y permits, constructi ection with the devel construction, use, oc ct, engineer, laborer	oney, including ons and on and building opment, ccupancy and/or or supplier of
_		st (see UCC1Ad, item	7 and Instructions)		red by a Decedent's Per	
6a.	Check <u>only</u> if applicable and check <u>only</u> one box:	🗖 A Dahias in - T	ransmitting Likility		if applicable and check get tural Lien	only one box: CC Filing
7. A	Public-Finance Transaction     Manufactured-Home Transaction     LTERNATIVE DESIGNATION (if applicable):     Lessee/Lessor	Consignee/Consignor	ransmitting Utility Seller/Buye			censee/Licensor
8. C	PTIONAL <sup>®</sup> FILER REFERENCE DATA:		· · · · · · · · · · · · · · · · · · ·			
104	I360331 Commercial			12	345404	

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

Prepared by Lien Solutions, P.O. Box 29071, Glendale, CA 91209-3071 Tel (800) 331-3282

FOLLOW INSTRUCTION	ONS
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9a. ORGANIZATION'S NAME	
Berkeley Moshav 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				
OR	10b. INDIVIDUAL'S SURNAME	<u></u>			
	INDIVIDUAL'S FIRST PERSONAL NAME		<b>_</b>		
	INDIVIDUAL'S ADDITIONAL NAME(SVINITIAL(S)				SUFFIX
10c.	MAILING ADDRESS		STATE	POSTAL CODE	COUNTRY
11.	ADDITIONAL SECURED PARTY'S NAME OF AS	SIGNOR SECURED PARTY'S NAME:	Provide only <u>one</u> name	L e (11a or 11b)	l.,,
OR	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADOITION	NAL NAME(S)/INITIAL(S)	SUFFIX
11c.	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
is n cor dev insi of t dep Pro ope	ADDITIONAL SPACE FOR ITEM 4 (Collateral): now or hereafter known and all rights to carry on business for the development, construction, use, occupancy or oper istruction, use, occupancy or operation thereof; (ix) all insu- velopment, construction, use, occupancy or operation of th urance policies and payments of any kind relating to the p he Property; (xii) all deposit accounts of Debtor with Secu- posited; (xiii) all water stock, if any, relating to any Property perty that is owned by Debtor in common with others; all eration of its business, and (xiv) all supplements, modifical	eration thereof; (viii) all goodwill relating urance proceeds and condemnation a ne Property; (x) all reserves, deferred roperty; (xi) all loan commitments iss red Party and all deposit accounts int y and all shares of stock or other evid franchise agreements, license agreen tions and amendments to any of the f	ng to the Property awards arising out payments, deposit ued to Debtor in co to which any proce dence of ownership ments and other ag foregoing.	and/or the develop of or incidental to th ts, refunds, cost sat ponnection with any teds of the Loan are of any part of or in	ment, ne ownership, vings, bonds, sale or financing now or hereafter terest in any
13.[	This FINANCING STATEMENT is to be filed [for record] (or recorde	d) in the 14. This FINANCING STATEMENT:			

REAL ESTATE RECORDS (if applicable)	covers timber to t	be cut 🔲 covers as-extracted collatera	I is filed as a fixture filing
Name and address of a RECORD OWNER of real estate described in item (if Debtor does not have a record interest):	16 16. Description of real es	tate:	
MISCELLANEOLIS 104360331-OR-0 49367 - Five Star Bank	ve Star Bank	File with: Secretary of State, OR	nercial 12345404

## FOLLOW INSTRUCTIONS

	AME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left ecause Individual Debtor name did not fit, check here	blank
	9a. ORGANIZATION'S NAME	
	Berkeley Moshav LLC	
OR	9b. 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

d	o 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(SVINITIAL(S)		•		SUFFIX
10c	MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
11.	🗌 ADDITIONAL SECURED PARTY'S NAME 🛛 🔲 ASSIGI	NOR SECURED PARTY'S NAME: F	Provide only one name	e (11a or 11b)	•
	11a. ORGANIZATION'S NAME				
OR	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	VAL NAME(S)/INITIAL(S)	SUFFIX
				×	
11c	MAILING ADDRESS	СІТҮ	STATE	POSTAL CODE	COUNTRY
		L		1	

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

All fixtures located upon or within the Property or now or hereafter attached to, installed in, or used or intended for use in connection with the Property, including without limitation any and all partitions, generators, screens, awning, boilers, furnaces, pipes, plumbing, elevators, cleaning, call and sprinkler systems, fire extinguishing apparatus and equipment, water tanks, heating, ventilating, air conditioning and air cooling equipment, and gas and electric machinery and equipment.

All present and future accessions, accessories, additions, attachment, replacements and substitutions of or to any or all of the foregoing.

All cash and non-cash proceeds and products of any or all of the foregoing, including without limitation all monies, deposit accounts, insurance proceeds

13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	14. This FINANCING STATEMENT:				
REAL ESTATE RECORDS (if applicable)	] [	covers timber to be cut	covers as-extracted co	llateral	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. C	Description of real estate:	. <u> </u>		
		Eila	with: Secretary of State, OP	Commercial	12345404
17. MISCELLANEOUS: 104360331-OR-0 49367 - Five Star Bank Five S	tar Ban	nk File	with: Secretary of State, OR	Commercial	12345404

### FOLLOW INSTRUCTIONS

pecause Individual Debtor name did not fit, check here	·····
Berkeley Moshav LLC	
9b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(SVINITIAL(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				
OR	10b. INDIVIDUAL'S SURNAME	<u>.</u>			
	INDIVIDUAL'S FIRST PERSONAL NAME				
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)				SUFFIX
10c	MAILING ADDRESS	СІТҮ	STATE	POSTAL CODE	COUNTRY
11.	ADDITIONAL SECURED PARTY'S NAME OF ASSIGNO	DR SECURED PARTY'S NAME: Provide only	one name	e (11a or 11b)	
OR	11b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITION	VAL NAME(SVINITIAL(S)	SUFFIX
11c	MAILING ADDRESS	СІТҮ	STATE	POSTAL CODE	COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

and other intangible property received upon a sale or other disposition of any of the foregoing.

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 the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and accounts proceeds).

Legal Description of Property:

The land referred to is situated in the County of Alameda, City of Berkeley, State of California,

13. This FINANCING STATEMENT is to be filed (for record) (or recorded) in the	e 14. This FINANCING STATEMENT:					
REAL ESTATE RECORDS (if applicable)	covers timber to t	_	collateral 🔝 is filed as a fixtu	ure 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 est	ate:				
	(					
17. MISCELLANEOUS: 104360:31-OR-0 49367 - Five Star Bank Five S	tar Bank	File with: Secretary of State, OR	Commercial 12345404	h		

Prepared by Lien Solutions, P.O. Box 290/1, Glendale, CA 91209-9071 Tel (800) 331-3282

FOLLOW INSTRUCTIONS	
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· · · · · · · · · · · · · · · · · · ·	blank	
9a. ORGANIZATION'S NAME		1
Berkeley Moshav LLC		
· · · · · · · · · · · · · · · · · · ·		
9b. INDIVIDUAL'S SURNAME		
		· ·
FIRST PERSONAL NAME		
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
· · · · · · · · · · · · · · · · · · ·		THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
	ecause Individual Debtor name did not fit, check here	9a. ORGANIZATION'S NAME Berkeley Moshav LLC 9b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME

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							
	100, 1101110,0120 0011111112							
	INDIVIDUAL'S FIRST PERSONAL NAME							
	INDIVIDUAL'S ADDITIONAL NAME/SVINITIAL (S)						SUFFIX	
	INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)						SUFFIX	
10c	MAILING ADDRESS		CITY	1	STATE	POSTAL CODE	COUNTRY	
11.	ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b)							
	11a. ORGANIZATION'S NAME							
OR	11b. INDIVIDUAL'S SURNAME	·	FIRST PERSONAL NAME			NAL NAME(S)/INITIAL(S)	SUFFIX	
	TID. INDIVIDUAL S SURMAME		FIRST PERSONAL NAME		ADDITIO	AL NAME (SPANTIAL(S)	JUFFIA	

CITY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

and is described as follows:

TRACT ONE:

11c. MAILING ADDRESS

Lots 1 and 2, Map of the Higgins Tract, filed December 12, 1907, Map Book 23, Page 56, Alameda County Records.

TRACT TWO:

Lots 3, 4, 5 and 6, Map of the Higgins Tract, filed December 12, 1907, Map Book 23, Page 56, Alameda County Records.

13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	14. This FINANCING STATEMENT:					
REAL ESTATE RECORDS (if applicable)		covers timber to be cut	covers as-extracted c	ollateral	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. Desc	ription of real estate:				
17. MISCELANEOUS: 104360331-OR-0 49367 - Five Star Bank Five St	ar Ęank	- · · · · · · · · · · · · · · · · · · ·	e with: Secretary of State, OR	Commercia	I 12845404	

STATE

POSTAL CODE

COUNTRY