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Phone: (800) 331-3282 Fax: (818) 682-4141 B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_ (Glendale_Customer_Service@wolterskluwer.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 14413 - UMPQUA BANK - CT Lien Solutions 54033929 P.O. Box 29071 Glendale, CA 91209-9071 OROR File with: Secretary of State, OR 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 Information in Item 10 of the Financing Statement Addendum (Form UCC1Ad) 1a. ORGANIZATION'S NAME Thompson Metal Fab, Inc. 1b. NOMPOUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)INITIAL(S) SUFFIX 1c. MAILING ADDRESS GTY Vancouver Van 98661-8049 USA 2D. 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 if in fine 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 FIRST PERSONAL NAME ADDITIONAL NAME(S)INITIAL(S) SUFFIX 2a. ORGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)INITIAL(S) SUFFIX 2b. NOIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)INITIAL(S) SUFFIX 2c. ANGANIZATION'S NAME FIRST PERSONAL NAME ADDITIONAL NAME(S)INITIAL(S) SUFFIX 3a. ORGANIZATION'S NAME Umpqua Bank
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Umpqua Bank
OR
3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(SYINITIAL(S) SUFFIX
3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
PO Box 1580 Roseburg OR 97470 USA
4. COLLATERAL: This financing statement covers the following collateral:
All Inventory, Chattel Paper, Accounts, Equipment and General Intangibles; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing
additions, replacements, and substitutions relating to any of the lolegoing, all records of any kind relating to any of the lolegoing

5. Check only if applicable a	nd check <u>only</u> one box: Collateral is	held in a Tr	ust (see UCC1Ad, item 17 a	and Instructions)	being administered by a De	ecedent's Personal Representativ
6a. Check only if applicable and check only one box:					6b. Check only if applicable and check only one box:	
Public-Finance Tran	saction Manufactured-Home	Transaction	A Debtor is a Tran	smitting Utility	Agricultural Lien	Non-UCC Filing
7. ALTERNATIVE DESIGNA	TION (if applicable): Lessee/Les	sor [Consignee/Consignor	Seller/Buye	r Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFEI 54033929	RENCE DATA: DOC PREP				070063961	
					Prepare	d by CT Lien Solutions, P.O. Box 2907