	Secretary of State Corporation Division - UCC 255 Capitol St. NE, Ste. 151 Salem, OR 97310-1327 Phone: (503) 986-2200 Fax: (503) 373-1166 sos.oreogn.gov/business		FILED: MAR 10, OREGON SECRET	ARY OF STATE	
ASL -1	Notice of Claim of Agricultural Services		LIEN NO. 93486	270 FAILLA WINES	
In keeping with ORS 1 We must release this i	92.410-192.595, the information on the application is puncture information to all parties upon request and it may be possible for the second s	ublic record. Ited on our website).	Pursuant to ORS 87.242	
Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.					
DEBTOR: (Name of owner(s) of the chattels charged with this lien)			MARK ONE If Individual, list last name first.		
INAME: TOUTA WINES		<u>_</u>	Business -Individual		
2 NAME:	Thren Jordan		-Business -Indiv	idual	
Mailing Address: 3530 Silverado Trail N.					
St. Helena, Califern			94574		
	STATE		ZIPÇODE		
NAME Property Duvelopment, LLC					
Mailing Address: 160 SW Wyattst.					
\overline{d}	Jullas, Ure	900	97338	503.560-2452	
	STATE		ZIPCODE	PHONE NUMBER	
LIEN CLAIMANT'S DEMAND (after deducting all credits and offsets): \$					
THE UNDERSIGNED CLAIMS a lien upon certain chattels, including the following kinds of crops and/or described animals \mathcal{W} in ℓ					
grown in the year 2022 upon or currently located at the following described farmland, range, ranch, orchard land:					
in utero on the date of	AIMED upon the proceeds of the sale of any or all of said the filing of this claim of lien. This lien is claimed for lab er of said chattels to aid the growing or harvesting of cro	or performed, mate	erials supplied and/or serve	rices provided by claimant at	
The provided labor, materials and/or services consisted of Discing, mowing, brush clearing Vineyard consulting					
The amount for which this lien is claimed is a true and bona fide existing debt as of the date of the filing of this notice of claim of lien. 4 managem The date on which payment was due claimant for said labor, supplies and services was Jan 1, 20,23					
The terms of extended payment (if any) are					
			· · · · · · · · · · · · · · · · · · ·		
l hereby declare that in court and is subjec	the above statement is true to the best of my knowl ct to penalty for perjury.	edge and belief, a	and that I understand it i	s made for use as evidence	
Signature of Clair	mant or Representative:	Printed N	ame:		
Frencer Property Development, (10					
RETURN TO (Please Type or Print within the box): Required Processing Fee - \$15.00 Processing Fees are Please make check payable to "Corporation Divisio NOTE:				FEES	
				rocessing Fees are nonrefundable.	
				Corporation Division."	
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Fees may be paid with VISA or MasterCard. The card number and expiration date should be submitted on a separate sheet for your protection.