NAME & PHONE OF CONTACT AT FILER (optional)					
E-MAIL CONTACT AT FILER (optional)		, F	ILED: S	EP 01, 2023 04:19 PM	
SEND ACKNOWLEDGMENT TO: (Name and Address)		OR	EGON S	ECRETARY OF STATE	
_	¬				
AgWest Farm Credit - Roseburg	1				
2222 NW Kline St		UCC	LIEN NO	11 1 1 1 1 1 1 1 1 1	ND MEADOW
Roseburg, OR 97471-1739					-
<u> </u>		TUE ABOVE 004	~		
DEPTOPIC NAME OF THE PARTY OF T				R FILING OFFICE USE	
DEBTOR'S NAME: Provide only <u>one</u> Debtor name (1a or 1b) (use e: name will not fit in line 1b, leave all of nem 1 blank, check here 📺 an	cact,1ull name;donotom nt,modo d provide the Individual Deboor inf				
1a. ORGANIZATION'S NAME	<u> </u>			·	
Diamond Meadows Ranch, LLC					
1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NA	ME	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
77 Moorea Drive	Roseburg		OR	97471	USA
2b. INDIVIDU AL'S SURN AME	FIRST PERSON AL NA	FIRST PERSON AL NAME		ADDITIONAL NAME(S) (INITIAL(S)	
M AILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGN	OR SECURED PARTY): Provide or	uly one Secured Party name	(3a or 3b)	<u> </u>	
3a. ORGANIZATION'S NAME	01,020011201111111111111111111111111111	.,,,	(00 0. 00)		
AgWest Farm Credit, FLCA					Isuffix
OL INDIVIDUALIO OLIDINALIS	FIRST PERSONAL NA	FIRST PERSONAL NAME		ADDITIONAL NAME(S) // INITIAL(S)	
3b. INDIVIDU AL'S SURN AME			STATE	POSTAL CODE	COUNTRY
	ICITY				
M AILING ADDRESS	CITY		IOB	1974/1-1739	HISA
	Roseburg		OR	97471-1739	USA

5. Check only if applicable and check only one box: Collateral is held in a Trust (see UCC1Ad, item 17 and Instructions) being administered by a Decedent's Personal Representative

Consignee/Consignor

A Debtor is a Transmitting Utility

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor

Manufactured-Home Transaction

6a. Check only if applicable and check only one box:

8. OPTIONAL FILER REFERENCE DATA:

Public-Finance Transaction

Non-UCC Filing

Licen see/Licensor

6b. Check only if applicable and check only one box: