

DISTRIBUTION REINVESTMENT PLAN
OF
PRECISION FUND OREGON, L.P. (FKA THE OREGON FUND, L.P.)

Effective as of April 13, 2024

Precision Fund Oregon, L.P. (fka The Oregon Fund, L.P.), a Delaware limited partnership (the “Fund”) hereby adopts the following Distribution Reinvestment Plan (the “Plan”) with respect to distributions automatically reinvested in the Fund’s units of limited partnership interests (“Units”) at \$1.00 per Unit by electing limited partners of the Fund (each a “Limited Partner”) who deliver a Distribution Reinvestment Plan Enrollment Form, attached hereto as Exhibit A, with respect to distributions declared by PacWest Funding, Inc., the General Partner of the Fund (the “General Partner”):

1. If a Limited Partner elects to participate in the Plan, all cash distributions that would otherwise be payable to such Limited Partner in cash, shall be automatically reinvested as fractional Units at \$1.00 per Unit, and no action shall be required on such Limited Partner’s part to receive a reinvestment.
2. Such distributions shall be payable on such date or dates as may be fixed from time to time by the General Partner to the Limited Partners of record at the close of business on the record date(s) established by the General Partner for the distributions involved.
3. A Limited Partner may, however, elect to receive any cash distribution in cash and terminate such Limited Partner’s participation in the Plan. To exercise this option, such Limited Partner shall notify the General Partner in writing, by telephone or over by email (pursuant to the instructions in Section 6 hereof) so that such notice is received by the General Partner no later than five days prior to the date of distribution.
4. The General Partner shall set up a Plan account for cash distributions pursuant to the Plan for each Limited Partner who has elected to automatically reinvest in Units (each a “Participant”).
5. The General Partner shall confirm to each Participant each acquisition made pursuant to the Plan as soon as practicable. Each Participant may from time to time have an undivided fractional interest (computed to six decimal places) in a Unit and distributions on fractional Units will be credited to each Participant’s Plan account.
6. Each Participant may terminate his, her or its account under the Plan by so notifying the General Partner by filling out the transaction request form located at the bottom of the Participant’s statement and sending it to PacWest Funding, Inc., Attn: Kevin Simrin, 4710 Village Plaza Loop, Suite 100, Eugene, Oregon 97401 or by calling the General Partner at (541) 485-2223. Such termination will be effective immediately if the Participant’s notice is received by the General Partner five days before the date established by the General Partners for distributions; otherwise, such termination will be effective only with respect to any subsequent distribution or distribution. The Plan may be terminated by the Fund upon notice in writing mailed to each Participant at least 30 days prior to any record date for the payment of any distribution or distribution by the Fund. Without the General Partner’s consent, no Participant shall be permitted to enroll in the Plan within twelve months after terminating a Plan account.
7. Upon any termination of the Plan by the Fund or by a Participant of its or his account under the Plan, the General Partner will cause full and fractional Units held for the Participant under the Plan to be credited to the Participant.
8. These terms and conditions may be amended or supplemented by the General Partner at any time but, except when necessary or appropriate to comply with applicable law or the rules or policies of the Oregon Department of Financial Regulations, Department of Business and Consumer Services or any other applicable regulatory authority, only by mailing to each Participant appropriate written notice at least 30 days prior to the effective date thereof. The amendment or supplement shall be deemed to be accepted by each Participant unless, prior to the effective date thereof, the General Partner receives written notice from the Participant of the termination of such Participant’s account under the Plan.
9. The General Partner shall act in good faith and use its commercially reasonable best efforts to ensure its full and timely performance of all services to be performed by it under this Plan and to comply with applicable law but assumes no responsibility and shall not be liable for loss or damage due to errors unless such error is caused by the General Partner’s negligence, bad faith, or willful misconduct or that of its employees or agents.
10. These terms and conditions shall be governed by the laws of the State of Delaware.

EXHIBIT A

DISTRIBUTION REINVESTMENT PLAN ENROLLMENT FORM

[ATTACHED]

SECTION I – LIMITED PARTNER – PLEASE PRINT

Name of Limited Partner: «Partner_FullName»

Account Number:

Telephone Number: On file. Email Address: On file. Mailing address of Limited Partner: On file.**SECTION II – DISTRIBUTION ELECTION**

I hereby affirm that the information I provided to The Fund on the subscription agreement I submitted in connection with my subscription for such units is accurate as of the date next to my signature below, and represent and warrant to the Fund that I shall inform the Fund promptly if any of the representations made in the subscription agreement as it relates to investor suitability as stated in the subscription agreement changes, or if my email address has changed, as the Fund will send, and I agree to accept, monthly statements and any amended or supplemental offering documents by electronic delivery.

☐ **ON FILE:** My distribution election and bank account information on file is true and correct.☐ **GROWTH:** Reinvest my monthly earnings distributions in the Fund.☐ **INCOME:** All cash—Do not reinvest my distributions—Direct deposit my distributions. I/We hereby authorize Oregon Fund, L.P. to have my/our distributions deposited automatically in my/our checking/savings account pursuant to the terms of the Distribution Reinvestment Plan.☐ **ONLY AVAILABLE FOR CUSTODIAL IRA'S:** All cash—Do not reinvest my distributions—Mail check to Custodian.**SECTION III – DEPOSITS:** Banking information for automatic deposit of monthly earnings**Select One:** Type of Account: Checking ☐ Savings ☐

Name(s) on Bank Account: _____

Name of Financial Organization: _____

Bank Routing Number: _____

Bank Account Number: _____

SECTION IV – WITHDRAWALS: Banking information for investment contributions to the Fund**Select One:** Type of Account: Checking ☐ Savings ☐

Name(s) on Bank Account: _____

Name of Financial Organization: _____

Bank Routing Number: _____

Bank Account Number: _____

SECTION V – SIGNATURE(S)

SIGNATURE(S)—The signatures below indicate that I/we have read the Fund's Distribution Reinvestment Plan document and agree to its terms and the representations and warranties above. **By signing below, I/we agree to the indicated elections referenced above.** The signature of all registered holders is required.

Signature

Date

Signature

Date