سرواني			Vol_	MO1_Peg	6091
A NAME & PHONE OF CO Anna Kuehl 800-6	S (front and back) CAREFULLY ONTACT AT FILER [optional] 548-8026		State of Oregon, County of Klan Recorded 11/30/01 <u>9:01 a</u> Vol M01, Pg 609/6-/7 Linda Smith, County Clerk Fee \$ 26\alpha # of Pgs 2		
Diversified Fire	MENT TO: (Name and Address) nancial Services, Inc. ational Bank Pkwy #205 8154				
. DEBTOR'S EXACT FL	JLL LEGAL NAME - insert only one debtor name (1a	or 1b) - do not abbreviate or combine names	SPACE IS FO	OR FILING OFFICE	USE ONLY
1a. ORGANIZATION'S NA	ME		·········		
16. INDIVIDUAL'S LAST N	IAME	FIRST NAME	MIDDLE	NAME	SUFFIX
McLin	MARIL	David			
1330 Hwy 140 East		Dairy	STATE OR	POSTAL CODE 97625	COUNTRY
. TAX ID #: SSN OR EIN	ADD'L INFO RE 18. TYPE OF ORGANIZATION ORGANIZATION	1f. JURISDICTION OF ORGANIZATION		ANIZATIONAL ID #, if a	iny
48-94-3687 DEBTOR					
ADDITIONAL DESTOR	10 =				
ADDITIONAL DEBTOR	'S EXACT FULL LEGAL NAME - insert only <u>one</u> o ME	debtor name (2a or 2b) - do not abbreviate or comb	ine names		
2a. ORGANIZATION'S NAI	ME		ine names		
2a. ORGANIZATION'S NAI	ME	FIRST NAME	MIDDLE	NAME	SUFFIX
2a. ORGANIZATION'S NAI R 2b. INDIVIDUAL'S LAST N. McLin	ME		4 - 90 -	NAME	
2a. ORGANIZATION'S NAI R 2b. INDIVIDUAL'S LAST N. McLin Mailing address 21330 Hwy 140 Ea	AME ast	FIRST NAME Debbie CITY Dairy	MIDDLE		SUFFIX
2a. ORGANIZATION'S NAI R 2b. INDIVIDUAL'S LAST N. McLin Malling address 21330 Hwy 140 Ea TAX ID #: SSN OR EIN	AME IST ADD'L INFO RE 26. TYPE OF ORGANIZATION ORGANIZATION	FIRST NAME Debbie CITY	MIDDLE STATE OR	POSTAL CODE	COUNTRY
2a. ORGANIZATION'S NAI R 2b. INDIVIDUAL'S LAST N. McLin Malling address 21330 Hwy 140 Ea . TAX ID #: SSN OR EIN 565-81-0268	AME IST ADD'L INFO RE 20. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	FIRST NAME Debbie CITY Dairy 21. JURISDICTION OF ORGANIZATION	STATE OR 29. ORG	POSTAL CODE 97625	COUNTRY
2a. ORGANIZATION'S NAI R 2b. INDIVIDUAL'S LAST N. McLin Malling address 21330 Hwy 140 Ea 1. TAX ID #: SSN OR EIN 565-81-0268 SECURED PARTY'S N 3a. ORGANIZATION'S NAA	ME AME IST ADD'L INFO RE 26. TYPE OF ORGANIZATION ORGANIZATION OBSTOR DEBTOR NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR ME	FIRST NAME Debbie CITY Dairy 21. JURISDICTION OF ORGANIZATION	STATE OR 29. ORG	POSTAL CODE 97625	COUNTRY
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST N. McLin Malling address 21330 Hwy 140 Ea .TAX ID #: SSN OR EIN 565-81-0268 SECURED PARTY'S N 3a. ORGANIZATION'S NAME Diversified Finance	ME AME AME AME ADD'L INFO RE 26. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 26. TYPE OF ORGANIZATION OR	FIRST NAME Debbie CITY Dairy 21. JURISDICTION OF ORGANIZATION SPP) - insert only one secured party name (3a or 3	STATE OR 23. ORG	POSTAL CODE 97625 ANIZATIONAL ID #, if a	COUNTRY
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST N. McLin Mailing address 21330 Hwy 140 Ea TAX ID #: SSN OR EIN 565-81-0268 SECURED PARTY'S NAME Diversified Finance	ME AME AME AME ADD'L INFO RE 26. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 26. TYPE OF ORGANIZATION OR	FIRST NAME Debbie CITY Dairy 21. JURISDICTION OF ORGANIZATION	STATE OR 29. ORG	POSTAL CODE 97625 ANIZATIONAL ID #, if a	COUNTRY
2a. ORGANIZATION'S NAME 2b. INDIVIDUAL'S LAST N. McLin Malling address 21330 Hwy 140 Ea TAX ID #: SSN OR EIN 565-81-0268 SECURED PARTY'S NAME Diversified Finance	ME AME LIST ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR NAME (or NAME of TOTAL ASSIGNEE of ASSIGNORME CIAL SERVICES, Inc.	FIRST NAME Debbie CITY Dairy 21. JURISDICTION OF ORGANIZATION SPP) - insert only one secured party name (3a or 3	STATE OR 23. ORG	POSTAL CODE 97625 ANIZATIONAL ID #, if a	COUNTRY

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 07/29/98)

m.

FOLLOW INSTRUCTIONS			4			
9. NAME OF FIRST DEB	TOR (1a or 1b) ON RELATED FINANCING ST AME	TATEMENT				
OR						
9b. INDIVIDUAL'S LAST I		MIDDLE NAME, SUFFIX	1			
McLin	David		<u> </u>			
10. MISCELLANEOUS:						
			THE ABOVE	SDACE	IS FOR FILING OFFICE	ELISE ONLY
11. ADDITIONAL DEBTO	R'S EXACT FULL LEGAL NAME - insert only one	e name (11a or 11h) - do not abbre			13 FOR FILING OFFICE	E USE UNLT
11a. ORGANIZATION'S N	AME	a manife (118 of 119) - do not appres	nate or combine names			
3MC Ranch						
OR 11b. INDIVIDUAL'S LAST	11b. INDIVIDUAL'S LAST NAME			MIDDLE NAME SUFFI		SUFFIX
						İ
11c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
211330 Hwy 140 I	1330 Hwy 140 East		ļ	OR	97625	-
11d. TAX ID #: SSN OR EIN	ADD'L INFO RE 118. TYPE OF ORGANIZATION ORGANIZATION	11f. JURISDICTION OF ORGANIZATION		11g. ORGANIZATIONAL ID #, if any		
	DEBTOR Unincorporated Assoc	. Oregon		V NOI		
	URED PARTY'S or ASSIGNOR S/P	S NAME - insert only one name	(12a or 12b)			
12a. ORGANIZATION'S N	AME					
OR JOHN MENTER LAND						
12b. INDIVIDUAL'S LAST	NAME	FIRST NAME		MIDDLE NAME SUFFIX		SUFFIX
12c. MAILING ADDRESS		CITY	ľ	STATE	POSTAL CODE	COUNTRY
12 This FRANCISCO OTATEL		. 46				
13. This FINANCING STATEM collateral, or is filed as a	_ Ш	16. Additional collateral descri	ption:			
14. Description of real estate:	Mining.					
NISW 1/4 Section 33	; Township 38S; Range 11 1/2;					
Klamath County, ()R					
	CORD OWNER of above-described real estate					
15. Name and address of a RE (if Debtor does not have a i	CORD OWNER of above-described real estate					
	CORD OWNER of above-described real estate					
	CORD OWNER of above-described real estate	17. Check <u>only</u> if applicable an				
	CORD OWNER of above-described real estate	Debtor is a Trust or T	rustee acting with resp	pect to pr	operty held in trust or	Decedent's Estate
	CORD OWNER of above-described real estate	Debtor is a Trust or T	rustee acting with respondence only one box.	pect to pr	operty held in trust or	Decedent's Estate
	CORD OWNER of above-described real estate	Debtor is a Trust or T 18. Check only if applicable and Debtor is a TRANSMITTING	rustee acting with resp d check <u>only</u> one box. SUTILITY	·		Decedent's Estate
	CORD OWNER of above-described real estate	Debtor is a Trust or T	rustee acting with resp d check <u>only</u> one box. GUTILITY Manufactured-Home Tra	ansaction	— effective 30 years	Decedent's Estate