A. NAM				/rot_	M01 Page	-
A. NAM		STATEMENT	State of Oregon, County o Recorded 12/18/01 9:38 Vol M01, Pg 6452/-2			y of 384
Anna	ME & PHONE OF CO	S (front and back) CAREFULLY ONTACT AT FILER [optional]		Linda Sn	nith. County Cle	TK
	Kuehl 800-6	648-8026 MENT TO: (Name and Address)		Fee \$	# of P	gs _
	Diversified Fir	nancial Services, Inc. ational Bank Pkwy #205				
4 055	TODIO TILLO			VE SPACE IS FC	R FILING OFFICE US	E ON
1. DEB 1a.	ORGANIZATION'S NA	JLL LEGAL NAME - insert only <u>one</u> debtor name ME	(1a or 1b) - do not abbreviate or combine names	-		
	onanza View Da		Isoay VALIE	·····		
10.	INDIVIDUAL S LAST N	MME .	FIRST NAME	MIDDLE	NAME	
	ING ADDRESS	(1.1.) (ату	STATE	POSTAL CODE	
	Harpold Road	ADD'L INFO RE 11e TYPE OF ORGANIZATION	Bonanza 11. JURISDICTION OF ORGANIZATION	OR 10. ORG/	97623 ANIZATIONAL ID #, if any	
	94871	ORGANIZATION COrporation	Oregon	•	123133-18	
	INDIVIDUAL'S LAST N	AME	FIRST NAME	MIDDLE I	NAME	
	ID#: SSN OR EIN	ADD'L INFO RE 29. TYPE OF ORGANIZATION ORGANIZATION DEBTOR	2f. JURISDICTION OF ORGANIZATION	<u> </u>	ANIZATIONAL ID #, if any	
	ORED PARTY'S I	NAME (or NAME of TOTAL ASSIGNEE of ASSIGN ME	OR S/P) - insert only one secured party name (3a	or 3b)		
lD:	Diversified Financial Services, Inc. 36. INDIVIDUAL'S LAST NAME		FIRST NAME	IMIDDLE	MIDDLE NAME	
OR 35 I	11 JB. INDIVIDUAL'S LAST NAME		THO HAME	MIDDLE	WINDSEL TANK	
OR 3b. I		M-0-2	CITY	STATE	POSTAL CODE	
3b. I	ING ADDRESS	al Bank Pkwy #205	Omaha	NE	68154	

). NAME OF FIRST DEBT	DR (1a or 1b) ON RELATED FINANCING S	TATEMENT					
9a. ORGANIZATION'S NAM							
Bonanza View Da							
9b. INDIVIDUAL'S LAST NA	ME FIRST NAME	MIDDLE NAME, SUFFIX					
Ó. MISCELLANEOUS:							
5. III. GOLLD 11 LO GO.							
			THE ABOVE SPACE I	S FOR FILING OFFI	CE USE ONLY		
1 ADDITIONAL DEBTOR	'S EXACT FULL LEGAL NAME - insert only o	ne name (11a or 11b) - do not abbreviate		01 01(1)211(0 011)	000 000		
11a. ORGANIZATION'S NAI		The first of the or they do not approximate	Or COMPLETE TERMES				
11b. INDIVIDUAL'S LAST NA	AME	FIRST NAME	MIDDLE 1	MIDDLE NAME SUI			
					1		
c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY		
	ADD'L INFO RE 11e. TYPE OF ORGANIZATION ORGANIZATION	11f. JURISDICTION OF ORGANIZA	TION 11g. ORG	11g. ORGANIZATIONAL ID #, if any			
	DEBTOR		<u></u>		NONE		
2. ADDITIONAL SECU		O'S NAME - insert only <u>one</u> name (12a	or 12b)	-			
12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	MIDDLE NAME			
c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY		
. This FINANCING STATEME	L L	d 16. Additional collateral description	:				
collateral, or is filed as a	fixture filing.						
•	Section 17, E 1/2 S 1/2 SW 1/4 %						
	Section 17; E 1/2 S 1/2 SW 1/4 & Section 20; Township 39S; Rang						
11E; Klamath Coun		~					
	,,						
			•				
	ODD OVERTO A show download and anticle						
if Debtor does not have a re	ORD OWNER of above-described real estate cord interest):						
Bonanza View Dairy	Partnership						
Carl Stepp	, <u>, , , , , , , , , , , , , , , , , , </u>	17. Check only if applicable and ch	eck poly one box.				
* *		Debtor is a Trust or Trust		operty held in trust or	Decedent's Estate		
		18. Check only if applicable and ch					
		Deblor is a TRANSMITTING UT					
		Filed in connection with a Mani	ufactured-Home Transaction	- effective 30 years			
		I I I I I I CONTINUONON WITH A MINING					