Vol MO2 Page	1	5	1	7	6
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UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY	Re Vo Li	ecorded 03/14/2 ol M02, Pg _/S nda Smith, Co	002 <u>/: 58</u> f 5176 - 78 unty Clerk	
A NAME & PHONE OF CONTACT AT FILER [optional] BRENDA JONES (402) 462-4128	Fe	ce \$ <u>&/@</u>	# of Pgs <u>3</u>	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)				
MAR 14 PH1:58	7			
T-L CREDIT COMPANY PO BOX 1386				
HASTINGS NE 68902	ı			
	THE ABO	VE SPACE IS FOR	FILING OFFICE U	SE ONLY
1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor no	ame (1a or 1b) - do not abbreviate or combine names			
1a. ORGANIZATION'S NAME				
E.G. KEARNS RANCHES OR 15. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NA	We	SUFFIX
IB. INDIVIDUAL S LAST NAME	FIRST NAME	MIDDLE NA	ME	SUPPIX
1c. MAILING ADDRESS	спу	STATE F	POSTAL CODE	COUNTRY
9350 HWY 66	KLAMATH FALLS	OR	97601	USA
1d. TAX ID #: SSN OR EIN ADD'L INFO RE 16. TYPE OF ORGANIZAT	TION 11. JURISDICTION OF ORGANIZATION	1g. ORGAN	ZATIONAL ID#, if any	,
93-0483092 ORGANIZATION DEBTOR	İ	İ		NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert or	nly <u>one</u> debtor name (2a or 2b) - do not abbreviate or co	ombine names		
2a. ORGANIZATION'S NAME				
OR 2b. INDIVIDUAL'S LAST NAME	IFIRST NAME	MIDDLE NA	MF	SUFFIX
KEARNS	ELAINE		G	1001112
2c. MAILING ADDRESS	СПУ	STATE	POSTAL CODE	COUNTRY
9350 HWY 66	KLAMATH FALLS	OR	97601	USA
2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION	TION 21. JURISDICTION OF ORGANIZATION	2g. ORGAN	IZATIONAL ID#, if any	,
540-50-2350 DEBTOR				NONE
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASS	SIGNOR S/P) - insert only <u>one</u> secured party name (3a	ı or 3b)		
3a. ORGANIZATION'S NAME	0 m t TDDTG1 FT0V G0			
OR T-L CREDIT COMPANY, A DIVISION 35. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NA	VE	TSUFFIX
G. H.S.V.B.S.Y.E.S. B. G.Y. IV. IVIE	THO WANTE	MIDDEL NA		JOURNA
3c. MAILING ADDRESS	cny	STATE F	POSTAL CODE	COUNTRY
PO BOX 1386	HASTINGS	NE	68902	USA
4. This FINANCING STATEMENT covers the following collateral:	Intollinos		00702	
1 - 865/765W 9 TOWER T-L IRRIGAT MOTOR AND PANEL AND	TION SYSTEM INCLUDING 1 - D ALL OTHER ACCESSORIES S	15HP 3PH /N 18616.	460V ELECT	RIC

•	5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CON	SIGNOR BAILEE/BAILOR SELLEF	R/BUYER AG. LIEN	NON-UCC FILING
	6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL 7. Ch	neck to REQUEST SEARCH REPORT(S) on De DDITIONAL FEEL [optional]	btor(s) All Debtors	Debtor 1 Debtor 2
	8. OPTIONAL FILER REFERENCE DATA	TATAL C. INDADA	x En	ll Ka
3/~!	KLAMATH COUNTY OREGON	ELAINE G. KEARN	1-	REORDER FROM
	KLAMATH COUNTY OREGON FILING OFFICER COPY NATIONAL UCC FINANCING STATE	EMENT (FORM UCC1) (REV. 07/29/98)	531.00	Registré, Inc.

NAME OF FIRST DEBTOR (12 or 1b) ON RELATED FINANCING ST	ATEMENT			
9a. ORGANIZATION'S NAME				
DR E.G. KEARNS RANCHES 95. INDIVIDUAL'S LAST NAME FIRST NAME	IAMONIE NAME OVERN			
AD INDIVIDUALS EVEL NAME	MIDDLE NAME, SUFFIX			
0. MISCELLANEOUS:				
	THE AB	OVE SPACE IS	FOR FILING OFFICE	E USE ONLY
1. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one	name (11a or 11b) - do not abbreviate or combine	names		
THE CHOMBENTON OTHER				
116. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE N	AME	SUFFIX
KEARNS	MARTIN			
1c. MAILING ADDRESS	CITY	1 1	POSTAL CODE	COUNTRY
9350 HWY 66 1d. TAX ID#: SSN OR EIN ADD'L INFO RE 110. TYPE OF ORGANIZATION	KLAMATH FALLS 11f. JURISDICTION OF ORGANIZATION	OR 11a, ORG	97601 ANIZATIONAL ID #, if any	US
543-40-9367 ORGANIZATION DEBTOR	İ	1 .		Пио
2. ADDITIONAL SECURED PARTY'S of ASSIGNOR S/P	S NAME - insert only one name (12a or 12b)	<u> </u>		
12a. ORGANIZATION'S NAME				
R 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE N	AME	SUFFIX
		1	, , , , ,	Sorrix
2c. MAILING ADDRESS	СПҮ	STATE	POSTAL CODE	COUNTRY
 This FINANCING STATEMENT covers timber to be cut or as-extracted collateral, or is filed as a fixture filing. 	16. Additional collateral description:			
4. Description of real estate:				
SECTION 27 - T 39 S - R 8				
KLAMATH COUNTY, OREGON				
			. 7	
			+ W.	
Name and address of a RECORD OWNER of above-described real estate	MARTIN KEARNS:X	Mew	an tein	
(if Debtor does not have a record interest):	MARTIN KEARNS:X			
MARTIN & SHIRLEY KEARNS		e boy		
MARTIN & SHIRLEY KEARNS	17. Check only if applicable and check only on	IE DOX.		
MARTIN & SHIRLEY KEARNS	17. Check <u>only</u> if applicable and check <u>only</u> on Debtor is a Trust or Trustee acting w		perty held in trust or	Decedent's Esta
MARTIN & SHIRLEY KEARNS	Debtor is a Trust or Trustee acting w	ith respect to pro	perty held in trust or	Decedent's Est
MARTIN & SHIRLEY KEARNS	Debtor is a Trust or Trustee acting was 18. Check only if applicable and check only on Debtor is a TRANSMITTING UTILITY	rith respect to pro se box.		Decedent's Esta
MARTIN & SHIRLEY KEARNS LOAN 1235	Debtor is a Trust or Trustee acting w 18. Check only if applicable and check only on Debtor is a TRANSMITTING UTILITY Filed in connection with a Manufactured-Hi	rith respect to pro se box. ome Transaction	— effective 30 years	Decedent's Esta
LOAN 1235	Debtor is a Trust or Trustee acting was 18. Check only if applicable and check only on Debtor is a TRANSMITTING UTILITY	rith respect to pro se box. ome Transaction — effe	— effective 30 years active 30 years	Decedent's Esta

UCC FINANCING STATEME		1			
FOLLOW INSTRUCTIONS (front and back) 9. NAME OF FIRST DEBTOR (1a or 1b) (TEMENT			
9a. ORGANIZATION'S NAME	M RELATED FINANCING STA	I CIAICIA I			
E.G. KEARNS RANCHES					
OR E.G. REARNS RANCHES 96. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
10. MISCELLANEOUS:					
				E IS FOR FILING OFF	FICE USE ONLY
11. ADDITIONAL DEBTOR'S EXACT FUL 11a. ORGANIZATION'S NAME	L LEGAL NAME - Insert only one na	ame (11a or 11b) - do not abbrevia	te or combine names		
OR 11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDD	E NAME	SUFFIX
KEARNS 11c. MAILING ADDRESS		LYNDON	STAT	E POSTAL CODE	00/11/20/
9350 HWY 66					COUNTRY
11d. TAX ID #: SSN OR EIN ADD'L INFO RE	11e. TYPE OF ORGANIZATION	KLAMATH FALLS		R 97601 PRGANIZATIONAL ID#, #	USA any
541-60-0698 ORGANIZATION DEBTOR	· 1	1	1		NONE
12. ADDITIONAL SECURED PARTY 12a. ORGANIZATION'S NAME	S gr ASSIGNOR S/P'S	NAME - insert only <u>one</u> name (1	12a or 12b)		
OR 12b. INDIVIDUAL'S LAST NAME		FIRST NAME	IMIDD	LE NAME	SUFFIX
		, <u>-</u>		TV-WILL	SOFFIA
12c. MAILING ADDRESS		CITY	STAT	E POSTAL CODE	COUNTRY
Ш	mber to be cut or as-extracted	16. Additional collateral descript	ion:		. 1
collateral, or is filed as a fixture filing. 14. Description of real estate:					
	•				
15. Name and address of a RECORD OWNER of	show described real estate		. 1	<i>a</i> 1	
(if Debtor does not have a record interest):	anove-described regilestate	LYNDON KEARNS	:X Frida	- Herve	_
		17. Check only if applicable and	check only one box.		
		Debtor is a Trust or Tru	istee acting with respect to	property held in trust or	Decedent's Estate
		18. Check only if applicable and	check only one box.		
		Debtor is a TRANSMITTING	UTILITY		
LOAN 1235		Filed in connection with a Ma	anufactured-Home Transac	tion — effective 30 years	
		Filed in connection with a Pu	blic-Finance Transaction -	effective 30 years	
KLAMATH COUNTY, OREGON	ONAL UCC FINANCING STAT	EMENT ADDENDUM (FOR	M UCC1Ad (REV. 07/	20/0R\	REORDER FROM Registré, Inc.

FILING OFFICE COPY