

State of Oregon, County of Klamath

Recorded 02/03/2003 9:08 a m.Vol M03 Pg 06388-84

Linda Smith, County Clerk

Fee \$ 26<sup>00</sup> # of Pgs 2

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Marilyn Carlson 1-800-444-2929, ext. 517	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)  <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> FARM CREDIT LEASING SERVICES CORPORATION  5500 WAYZATA BLVD., SUITE# 1600  MINNEAPOLIS, MN 66416-1252 </div>	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> debtor name (1a or 1b) - do not abbreviate or combine names					
1a. ORGANIZATION'S NAME					
OR					
1b. INDIVIDUAL'S LAST NAME RABE		FIRST NAME CHAD		MIDDLE NAME C	SUFFIX
1c. MAILING ADDRESS 5417 BASIN VIEW DR.		CITY KLAMATH FALLS		STATE OR	POSTAL CODE 97603
1d. TAX ID #: SSN OR EIN		1e. TYPE OF ORGANIZATION		1f. JURISDICTION OF ORGANIZATION	
ADD'L INFO RE ORGANIZATION DEBTOR				1g. ORGANIZATIONAL ID #, if any	
				<input type="checkbox"/> NONE	
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> debtor name (2a or 2b) - do not abbreviate or combine names					
2a. ORGANIZATION'S NAME					
OR					
2b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY		STATE	POSTAL CODE
2d. TAX ID #: SSN OR EIN		2e. TYPE OF ORGANIZATION		2f. JURISDICTION OF ORGANIZATION	
ADD'L INFO RE ORGANIZATION DEBTOR				2g. ORGANIZATIONAL ID #, if any	
				<input type="checkbox"/> NONE	
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only <u>one</u> secured party name (3a or 3b)					
3a. ORGANIZATION'S NAME FARM CREDIT LEASING SERVICES CORPORATION					
OR					
3b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 5500 WAYZATA BLVD., SUITE#1600		CITY MINNEAPOLIS		STATE MN	POSTAL CODE 55416-1252
					COUNTRY USA

4. This FINANCING STATEMENT covers the following collateral:

ONE (1) NEW 2003 7-TOWER ZIMMATIC PIVOT IRR. SYSTEM W/FIELDBASIC PANEL, LOW TEM SHUTDOWN, PIVOT POINT LIGHT, 7-43 RPM LINDSAY CENTER DIRVES, 7 EXTREME DUTY NON-TOW GEARBOXES, NELSON 3000 SPRINKLER PACKAGE, NELSON SR100 END GUN, 130 GPM BOOSTER PUMP; S# L80048.

ONE (1) 1550 DRIVESHAFT KIT, 10 KW 480V GENERATOR, S# 7MS02040.

The above described personal property is leased pursuant to the terms of that certain Lease Agreement dated 1/5/03 between Lessor and Lessee. This financing statement is filed for precautionary purposes only. Lessor and Lessee regard this agreement to be a true lease and not a lease intended as security.

5. ALTERNATIVE DESIGNATION [if applicable] <input checked="" type="checkbox"/> LESSEE/LESSOR		<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR	<input type="checkbox"/> SELLER/BUYER	<input type="checkbox"/> AG LIEN	<input type="checkbox"/> NON-UCC FILING
6. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum		7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [if applicable] (ADDITIONAL FEE) (optional)		All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2 <input type="checkbox"/>		

8. OPTIONAL FILER REFERENCE DATA

(8004188, 84) (4002260) (703790) FILE W/KLAMATH CO., OR; Sent 1/27/03

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

NATUCC1 - 5/4/01 C T System Online

06389

**UCC FINANCING STATEMENT ADDENDUM**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

**9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT**

9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S LAST NAME

RABE

FIRST NAME

CHAD

MIDDLE NAME, SUFFIX

C

10. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

**11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names**

11a. ORGANIZATION'S NAME

OR

11b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11d. TAX ID #: SSN OR EIN

ADD'L INFO RE  
ORGANIZATION  
DEBTOR

11e. TYPE OF ORGANIZATION

11f. JURISDICTION OF ORGANIZATION

11g. ORGANIZATIONAL ID #, if any

☐ NONE**12. ☐ ADDITIONAL SECURED PARTY'S or ☐ ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)**

12a. ORGANIZATION'S NAME

OR

12b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

12c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

13. This FINANCING STATEMENT covers ☐ timber to be cut or ☐ as-extracted collateral, or is filed as a ☒ fixture filing.

14. Description of real estate:

NW 1/4 SEC. 12, TWP. 36 SOUTH, RG. 12 EAST  
KLAMATH CO., OR15. Name and address of a RECORD OWNER of above-described real estate  
(if Debtor does not have a record interest):CHAD CHRISTOPHER RABE  
ANDREA J. RABE

16. Additional collateral description:

17. Check only if applicable and check only one box.Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate18. Check only if applicable and check only one box.☐ Debtor is a TRANSMITTING UTILITY☐ Filed in connection with a Manufactured-Home Transaction — effective 30 years☐ Filed in connection with a Public-Finance Transaction — effective 30 years