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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
Phone:(800) 331-3282 Fax: (818) 662-4141

B. SEND ACKNOWLEDGEMENT TO: (Name and Address)

510920 IARISTOCRAT

UCC Direct Services
P.O. Box 29071
Glendale, CA 91209-9071

5749952

OROR

File with: Klamath, OR

State of Oregon, County of Klamath
Recorded 04/01/2003 12:41 p m.
Vol M03 Pg 19638
Linda Smith, County Clerk
Fee $ 21.00 # of Pgs 1

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names

1a. ORGANIZATION'S NAME: The Klamath Tribe

OR

1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
34333 Highway 97 N	Chiloquin	OR	97624	

1d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any
		TRIBAL	CHILOQUIN	[X] NONE

2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one 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	COUNTRY

2d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any
				[ ] NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME: Aristocrat Technologies, Inc.

OR

3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
7230 Amigo Street	Las Vegas	NV	89119	

4. This FINANCING STATEMENT covers the following collateral:

151013VAR99 FOLLOW THE STARS MV007535 351006VAR99 DOUBLE DOLPHIN MV007536 151012VAR99 EAGLE ROCK MV007537 251016VAR99 GOOD BAD MONEY MV007538 251010VAR99 POMPEII MV007539 151009VAR99 MYSTIC ARROW MV007540 151014VAR99 WAY TO GO MV007541 151021VAR99 WICKED WINNINGS MV007542 251002VAR99 SCATTER MAGIC MV007543 151003VAR99 TIKI TORCH MV007544 151013VAR01 FOLLOW THE STARS MV007545 351006VAR01 DOUBLE DOLPHIN MV007546 151012VAR01 EAGLE ROCK MV007547 251016VAR01 GOOD BAD MONEY MV007548 251010VAR01 POMPEII MV007549 151009VAR01 MYSTIC ARROW MV007550 151014VAR01 WAY TO GO MV007551 151021VAR01 WICKED WINNINGS MV007552 251002VAR01 SCATTER MAGIC MV007553 151003VAR01 TIKI TORCH MV007554

5. ALTERNATIVE DESIGNATION [if applicable] [ ] LESSEE/LESSOR [ ] CONSIGNEE/CONSIGNOR [ ] BAILEE/BAILOR [ ] SELLER/BUYER [ ] AG. LIEN [ ] NON-UCC FILING

6. [ ] This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable]

7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [ADDITIONAL FEE] [optional] [ ] All Debtors [ ] Debtor 1 [ ] Debtor 2

8. OPTIONAL FILER REFERENCE DATA

5749952 Kla-Mo-Ya-Casino

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

Prepared by UCC Direct Services, P.O. Box 29071, Glendale, CA 91209-9071 Tel (800) 331-3282

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