:03	JUL	7	PM2	:	39
11.7	. 11 11		r n.c.		u

Vol_M03_Page_46613 State of Oregon, County of Klamath Recorded 07/07/2003 2:39 P Vol M03 Pg 4 66 13.14 UCC FINANCING STATEMENT Linda Smith, County Clerk Fee \$ 2600 # of Pgs 2 FOLLOW INSTRUCTIONS (front and back) CAREFULLY A NAME & PHONE OF CONTACT AT FILER [optional] JAMI MUELLER 800-648-8026 EXT 8036 B SEND ACKNOWLEDGMENT TO (Name and Address) DIVERSIFIED FINANCIAL SERVICES, LLC 14010 FIRST NATIONAL BANK PKWY STE 205 **OMAHA NE 68154** THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names 1a ORGANIZATION'S NAME OR 15 INDIVIDUAL'S LAST NAME IRST NAME MIDDLE NAME SUFFIX KENNETH D. MASTEN STATE COUNTRY POSTAL CODE 1c MAILING ADDRESS CITY OR 97623 4550 BURGDORF ROAD **BONANZA** 1f JURISDICTION OF ORGANIZATION 1g ORGANIZATIONAL ID #, if any ADD'L INFO RE 1e TYPE OF ORGANIZATION 1d TAX ID# SSN OR EIN **ORGANIZATION** 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 STATE POSTAL CODE COUNTRY 2c MAILING ADDRESS CITY 2g ORGANIZATIONAL ID #, if any 2d TAX ID # SSN OR EIN ADD'L INFO RE | 2e TYPE OF ORGANIZATION 2f JURISDICTION OF ORGANIZATION ORGANIZATION NONE DEBTOR 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 DIVERISIFIED FINANCIAL SERVICES, LLC OR 36 INDIVIDUAL'S LAST NAME MIDDLE NAME SUFFIX FIRST NAME 3c MAILING ADDRESS POSTAL CODE COUNTRY NE 68154 14010 FIRST NATIONAL BANK PKWY STE 205 **OMAHA** 4 This FINANCING STATEMENT covers the following collateral 1-NEW MODEL 8000 VALLEY IRRIGATION PIVOT 803' W/VALLEY SUPPLIED ACC., FREIGHT & INSTALLATION (NON-TOWABLE) 1120' 6" PVC & 1240' WIRE

-					
5	ALTERNATIVE DESIGNATION [if applicable] LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR SEL	LER/BUYER AG LIEN	NON-UCCFILING
6	This FINANCING STATEMENT is to be filed [for record] (or recorder ESTATE RECORDS. Attach Addendum	ed) in the REAL 7 Check to REQ (if applicable) [ADDITIONAL	QUEST SEARCH REPORT(S) on FEE) (optiona		Debtor 1 Debtor 2
8	OPTIONAL FILER REFERENCE DATA				
9	8487-001				

9 NAME OF FIRST DEBTOR (1a or 19a ORGANIZATION'S NAME		TEMENT				
95 INDIVIDUAL'S LAST NAME MASTEN	FIRST NAME KENNETH	MIDDLE NAME, SUFFIX D.				
10 MISCELLANEOUS						
			THE ABOVE SI	PACE	IS FOR FILING OFFIC	E USE ONLY
11 ADDITIONAL DEBTOR'S EXACT 11a ORGANIZATION'S NAME	FULL LEGAL NAME - insert only one	name (11a or 11b) - do not abbrev	viate or combine names			
OR 116 INDIVIDUAL'S LAST NAME		FIRST NAME	M	IIDDLE	NAME	SUFFIX
1c MAILING ADDRESS		CITY	s	TATE	POSTAL CODE	COUNTRY
1d TAX ID# SSN OR EIN ADD'L INFO	DRE 118 TYPE OF ORGANIZATION	11f JURISDICTION OF ORGA	NIZATION 1	1g ORG	GANIZATIONAL ID #, if an	y
2 ADDITIONAL SECURED PA	RTY'S or ASSIGNOR S/P'S	NAME - insert only <u>one</u> name	(12a or 12b)			NOI
12b INDIVIDUAL'S LAST NAME		IFIRST NAME	IM	IIDDLE	NAME	SUFFIX
2c MAILING ADDRESS		CITY		TATE	POSTAL CODE	COUNTRY
					TOOTAL GODE	
This FINANCING STATEMENT covers collateral, or is filed as a Description of real estate	timber to be cut or as-extracted	16 Additional collateral descri	ption			
SW 1/4 SE 1/4 SECTION 18						
TOWNSHIP 39S						
RANGE 11E KLAMATH COUNTY	/, OR					
Name and address of a RECORD OWN (if Debtor does not have a record interes						
KENNETH D. MAST	EN	17 Check only if applicable ar	id check only one hav			
		Second Local	Frustee acting with respe	ect to pi	roperty held in trust or	Decedent's Esta
		Debtor is a TRANSMITTING	3 UTILITY	neactio-	offentive 20 week	
	Filed in connection with a			-		

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 07/29/98)

FORM SHOULD BE TYPEWRITTEN OR COMPUTER GENERATED