'03 NOV 25 AM8:51

[redacted]

Vol M03 Page 86575

State of Oregon, County of Klamath
Recorded 11/25/03 8:51a m
Vol M03 Pg 86575-76
Linda Smith, County Clerk
Fee $ 26.00 # of Pgs 2

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Intermountain Federal Land
Bank Association, FLCA
P.O. Box 550
Alturas, CA 96101

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

OR

1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Cheyne	Henry	C.G.	

1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
9961 E. Langell Valley Road	Bonanza	OR	97623	USA

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
				☒ 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
Cheyne	Cherie	J.	

2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
9961 E. Langell Valley Road	Bonanza	OR	97623	USA

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 or ASSIGNOR S/P) – Insert only one secured party name (3a or 3b)

3a. ENTITY'S NAME

Intermountain Federal Land Bank Association, FLCA

OR

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

3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
403 E. Highway 395	Alturas	CA	96101	USA

4. This FINANCING STATEMENT covers the following collateral:

All fixtures, equipment, machinery, parts, attachments, accessions, and replacements, now owned and hereafter acquired, including but not limited to the following:

Item	Model	Serial Number
GE Motor 30 hp	5K286DBB6005A	VRD0008280
National Pump	No Number	No Number
Century Motor 40 hp	6-323058-01	3247C7
7 Span T&L Linear Irrigation System	12071	N/A
w/John Deere 4 Cylinder Diesel Motor	N/A	N/A

The above goods are or are to become fixtures on the real property described below.

The E1/2 W1/2 of Section 35, Township 39 South, Range 12 East of the Willamette Meridian, Klamath County, Oregon.

Account No.: 3912-03500-00200-000 Key No.: 609381

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

Klamath County, OR - Fixtures

26

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

86576

UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

	19a. ORGANIZATION'S NAME		
OR	19b. INDIVIDUAL'S LAST NAME Cheyne	FIRST NAME Henry	MIDDLE NAME, SUFFIX C. G.

20. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

21. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (21a or 21b) - do not abbreviate or combine names

	21a. ORGANIZATION'S NAME				
OR	21b. INDIVIDUAL'S LAST NAME Cheyne		FIRST NAME Henry	MIDDLE NAME Charles Gerber	SUFFIX
21c. MAILING ADDRESS 9961 E. Langell Valley Road			CITY Bonanza	STATE OR	POSTAL CODE 97623	COUNTRY US
21d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	21e. TYPE OF ORGANIZATION	21f. JURISDICTION OF ORGANIZATION	21g. ORGANIZATIONAL ID #, if any ☑ NONE		

22. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (22a or 22b) - do not abbreviate or combine names

	22a. ORGANIZATION'S NAME				
OR	22b. INDIVIDUAL'S LAST NAME Cheyne		FIRST NAME Cherie	MIDDLE NAME Jean	SUFFIX
22c. MAILING ADDRESS 9961 E. Langell Valley Road			CITY Bonanza	STATE OR	POSTAL CODE 97623	COUNTRY US
22d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	22e. TYPE OF ORGANIZATION	22f. JURISDICTION OF ORGANIZATION	22g. ORGANIZATIONAL ID #, if any ☑ NONE		

23. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (23a or 23b) - do not abbreviate or combine names

	23a. ORGANIZATION'S NAME				
OR	23b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
23c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
23d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	23e. TYPE OF ORGANIZATION	23f. JURISDICTION OF ORGANIZATION	23g. ORGANIZATIONAL ID #, if any ☐ NONE		

24. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only one name (24a or 24b)

	24a. ORGANIZATION'S NAME				
OR	24b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
24c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY

25. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only one name (25a or 25b)

	25a. ORGANIZATION'S NAME				
OR	25b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
25c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY