

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

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 Cherle 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. ☒ The 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

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 INSTRUCTIONSADD'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 INSTRUCTIONSADD'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 INSTRUCTIONSADD'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