

04 DEC 29 AM 9:34

Vol M04 Page 88976

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] AMY NELSON (402) 462- 4128	
B. SEND ACKNOWLEDGMENT TO: (Name and Address) T - L CREDIT COMPANY P. O. BOX 1386 HASTINGS, NE 68902	

State of Oregon, County of Klamath
Recorded 12/29/04 9:34 AM
Vol M04 Pg 88976-77
Linda Smith, County Clerk
Fee \$ 26 # of Pgs 2

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	FIRST NAME	MIDDLE NAME	SUFFIX
BLODGETT	SHAWN	E	
1c. MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY
10707 VINCENT AVE.		KLAMATH FALLS	OR 97603 USA
1d. <u>SEE INSTRUCTIONS</u> 542-25-1297	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION
			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
BLODGETT	AMANDA	A	
2c. MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY
10707 VINCENT AVE.		KLAMATH FALLS	OR 97603 USA
2d. <u>SEE INSTRUCTIONS</u> 542-08-9364	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION
			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			
T - L CREDIT COMPANY, A DIVISION OF T - L IRRIGATION CO.			
OR			
3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS		CITY	STATE POSTAL CODE COUNTRY
P. O. BOX 1386		HASTINGS	NE 68902 USA

4. This FINANCING STATEMENT covers the following collateral:

1 - 665P 1 TOWER T - L IRRIGATION SYSTEM INCLUDING 1 - 10HP, 1PH, 460 V ELECTRIC MOTOR AND PANEL; 1 - 2HP BOOSTER AND ALL OTHER ACCESSORIES S/N 21999
1 - 10HP BERKLEY PUMP AT 200 GPM S/N _____
600' - 6" CLASS 125 GASKETED PIPE

TO BE FILED IN KLAMATH COUNTY, OR

LOAN #1620

5. ALTERNATIVE DESIGNATION (if applicable):	<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAIOLR	<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 (if applicable)	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (OPTIONAL FEE)		<input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2			
8. OPTIONAL FILER REFERENCE DATA						
SHAWN E. BLODGETT: <u>[Signature]</u>			AMANDA A. BLODGETT: <u>[Signature]</u>			

FILING OFFICE COPY — UCC FINANCING STATEMENT (FORM UCC1) (REV. 05/22/02)

International Association of Commercial Administrators (IACA)

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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

FIRST NAME

MIDDLE NAME, SUFFIX

BLODGETT**SHAWN****E****10. MISCELLANEOUS:**

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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. SEE INSTRUCTIONSADD'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:****E 1/2 OF THE SE 1/4 OF THE SW 1/4,
SECTION 29 - T39S - R9E
KLAMATH COUNTY, OREGON**15. Name and address of a RECORD OWNER of above-described real estate
(if Debtor does not have a record interest):**SHAWN BLODGETT AND JASON
BLODGETT****KLAMATH COUNTY, OR****LOAN #1620****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