ICC FINANCING	STATEMENT (front and back) CAREFULLY	M05-67088 Klamath County, Oregon 10/21/2005 08:31:44 AM Pages 5 Fee: \$41.00				
NAME & PHONE OF CO Diligenz, Inc.	ONTACT AT FILER [optional] 1-800-858-5294					
15480915 Prepared By Diligenz, Inc	ur Heights Pkwy, Suite 400					
L	Filed In: Orego	i	SPACE IS FO	OR FILING OFFICE U	SE ONLY	
. DEBTOR'S EXACT FU 1a. ORGANIZATION'S NA	LL LEGAL NAME - insert only one debtor name (1a ME	or 1b) - do not abbreviate or combine names				
OR 16. INDIVIDUAL'S LAST N	AME	FIRST NAME Charles	MIDDLE	NAME	SUFFIX	
c. MAILING ADDRESS 414 South 31st St	ADD'L INFO RE 16. TYPE OF ORGANIZATION	CITY Philomath 1f. JURISDICTION OF ORGANIZATION	STATE OR	OR 97370		
	ORGANIZATION I Individual	OR	NIZATION 1g. ORGANIZATIONAL ID #, if a		/ X	
2a. ORGANIZATION'S NA	'S EXACT FULL LEGAL NAME - insert only <u>one</u> ME	debtor name (2a or 2b) - do not abbreviate or com	bine names	Minarato a Company		
2b. INDIVIDUAL'S LAST N	AME	FIRST NAME JO Ann	MIDDLE M			
c. MAILING ADDRESS 414 South 31st		Philomath	OR	POSTAL CODE 97370	COUNTRY	
d. TAX ID #: SSN OR EIN	ADD'L INFO RE 26. TYPE OF ORGANIZATION ORGANIZATION Individual	2f. JURISDICTION OF ORGANIZATION OR	2g. ORG	2g. ORGANIZATIONAL ID #, if any		
3a. ORGANIZATION'S NA		R S/P) - insert only one secured party name (3a or	3b)			
Community First Bank R 3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME		SUFFIX	
ic MAILING ADDRESS P.O. Box 447		Prineville	STATE OR	POSTAL CODE 97754	COUNTRY	
EQUIPMENT: All equip equipment, parts and to	NT covers the following collateral: Iment including, but not limited to, machin ols. The property includes any equipmen perfect a valid security interest in all of De	nt described in a list or schedule Debto	facturing equ	uipment, farm mach cured Party, but suc	ninery and th a list is not	

5. ALTERNATIVE DESIGNATION [if applicable]:	SSEE/LESSOR CONSIGNEE/	CONSIGNOR BAIL	EE/BAILOR SELLER/BUYEF	AG. LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is to be filed [for re- ESTATE RECORDS. Attach Addendum	cord] (or recorded) in the REAL (if applicable)	7. Check to REQUEST SE (ADDITIONAL FEE)	ARCH REPORT(S) on Debtor(s) [optional]	All Debtors	Debtor 1 Debtor 2
B. OPTIONAL FILER REFERENCE DATA					

NAME OF FIRST DEBTOR (1a c	or 1b) ON RELATED FINANCING STAT	FEMENT				
9s. ORGANIZATION'S NAME		to the second se				
		THIRD IS NAME OFFICE				
95. INDIVIDUAL'S LAST NAME Crawford	FIRST NAME Charles	MIDDLE NAME, SUFFIX				
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		THE	ABOVE SPACE	IS FOR FILING OFFI	CE USE ONLY	
	OT FULL LEGAL NAME - insert only one n	ame (11a or 11b) - do not abbreviate or com	nbine names			
11a. ORGANIZATION'S NAME						
11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	ISUFFIX	
Hausotter		Paul		TTTTT	00,110	
MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY	
5210 80th Ave SW		Olympia	WA	98512	USA	
TAX ID #: SSN OR EIN ADD'L IN	FO RE 116. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. OR	L BANIZATIONAL ID #, if a	iny	
ORGANIA DEBTOR		OR	i	N M		
ADDITIONAL SECURED P	ARTY'S or ASSIGNOR S/P'S	NAME - insert only one name (12s or 12	b)			
12a. ORGANIZATION'S NAME		,				
12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX	
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9a. ORGANIZATION'S NAM	E					
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Hausotter	AME		Claudia	MIDDLE	NAME	SUFFIX
					POSTAL CODE	COUNTRY
5210 80th Ave	Q\M		Olympia	STATE	98512	USA
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. ADDITIONAL SECU		S or ASSIGNORS/PS	NAME - insert only one name (12a or	126)		···········
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11b. INDIVIDUAL'S LAST NA	ME		FIRS	NAME		MIDDLE	NAME	SUFFIX
Duerksen			Jer	ту		L		
MAILING ADDRESS			CITY			STATE	POSTAL CODE	COUNTRY
2292 NW Kings				rvallis		OR	97330	USA
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ADDITIONAL SECU		S of [] ASSIGNOR S/P'S	NAM	E - insert only one name (12a	or 12b)			
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9b. INDIVIDUAL'S LAST NAME Crawford	FIRST NAME Charles	L			
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11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
Duerksen		Rebecca	J	POSTAL CODE	COUNTRY
MAILING ADDRESS 2292 NW Kings		Corvallis	OR	97330	USA
TAX ID #: SSN OR EIN ADD'L	INFO RE 11s. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. OR	GANIZATIONAL ID #, if a	-
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