

**M05-71417**

Klamath County, Oregon

12/20/2005 09:48:47 AM

Pages 4 Fee: \$36.00

**UCC FINANCING STATEMENT**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

<b>A. NAME &amp; PHONE OF CONTACT AT FILER [optional]</b> 800-648-8026	
<b>B. SEND ACKNOWLEDGMENT TO: (Name and Address)</b>  DIVERSIFIED FINANCIAL SERVICES, LLC 14010 FIRST NATATIONAL BANK PKWY STE 205 OMAHA, NE 68154	

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**

<b>1a. ORGANIZATION'S NAME</b>				
OR				
<b>1b. INDIVIDUAL'S LAST NAME</b> O'CONNOR		<b>FIRST NAME</b> BRIAN	<b>MIDDLE NAME</b> H.	<b>SUFFIX</b>
<b>1c. MAILING ADDRESS</b> 22203 MALONE RD		<b>CITY</b> MERRILL	<b>STATE</b> OR	<b>POSTAL CODE</b> 97633
<b>1d. SEE INSTRUCTIONS</b>		<b>ADD'L INFO RE ORGANIZATION DEBTOR</b>	<b>1e. TYPE OF ORGANIZATION</b>	<b>1f. JURISDICTION OF ORGANIZATION</b>
			<b>1g. ORGANIZATIONAL ID #, if any</b>	<input type="checkbox"/> NONE

**2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names**

<b>2a. ORGANIZATION'S NAME</b>				
OR				
<b>2b. INDIVIDUAL'S LAST NAME</b> O'CONNOR		<b>FIRST NAME</b> LORI	<b>MIDDLE NAME</b> A.	<b>SUFFIX</b>
<b>2c. MAILING ADDRESS</b> 22203 MALONE RD		<b>CITY</b> MERRILL	<b>STATE</b> OR	<b>POSTAL CODE</b> 97633
<b>2d. SEE INSTRUCTIONS</b>		<b>ADD'L INFO RE ORGANIZATION DEBTOR</b>	<b>2e. TYPE OF ORGANIZATION</b>	<b>2f. JURISDICTION OF ORGANIZATION</b>
			<b>2g. ORGANIZATIONAL ID #, if any</b>	<input type="checkbox"/> NONE

**3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)**

<b>3a. ORGANIZATION'S NAME</b> DIVERSIFIED FINANCIAL SERVICES, LLC				
OR				
<b>3b. INDIVIDUAL'S LAST NAME</b>		<b>FIRST NAME</b>	<b>MIDDLE NAME</b>	<b>SUFFIX</b>
<b>3c. MAILING ADDRESS</b> 14010 FIRST NATIONAL BANK PKWY STE 205		<b>CITY</b> OMAHA	<b>STATE</b> NE	<b>POSTAL CODE</b> 68154

**4. This FINANCING STATEMENT covers the following collateral:**

1 NEW 2005 MODEL 8000 VALLEY PIVOT 1129.8' W/ 287' PRECISION CORNER ARM

1 NEW 50 HP SHORTSET TURBINE PUMP, FLOWMETER

CULVERT CROSSINGS, MISC. PUMP & PIVOT VALVES & FITTINGS

<b>5. ALTERNATIVE DESIGNATION [if applicable]:</b>		<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR	<input type="checkbox"/> SELLER/BUYER	<input type="checkbox"/> AG. LIEN	<input type="checkbox"/> NON-UCC FILING
<b>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]</b>		<b>7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [optional]</b>		<input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2			
<b>8. OPTIONAL FILER REFERENCE DATA</b>							

0124174-001

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

## UCC FINANCING STATEMENT

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OR					
1b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	
O'CONNOR		BRIAN		H.	
1c. MAILING ADDRESS		CITY		STATE	POSTAL CODE
22203 MALONE RD		MERRILL		OR	97633
1d. <u>SEE INSTRUCTIONS</u>		1e. TYPE OF ORGANIZATION		1f. JURISDICTION OF ORGANIZATION	
ADD'L INFO RE ORGANIZATION DEBTOR				1g. ORGANIZATIONAL ID #, if any	
				<input type="checkbox"/> NONE	

<b>2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME</b> - 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	
O'CONNOR		LORI		A.	
2c. MAILING ADDRESS		CITY		STATE	POSTAL CODE
22203 MALONE RD		MERRILL		OR	97633
2d. <u>SEE INSTRUCTIONS</u>		2e. TYPE OF ORGANIZATION		2f. JURISDICTION OF ORGANIZATION	
ADD'L INFO RE ORGANIZATION DEBTOR				2g. ORGANIZATIONAL ID #, if any	
				<input type="checkbox"/> NONE	

<b>3. SECURED PARTY'S NAME</b> (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only <u>one</u> secured party name (3a or 3b)					
3a. ORGANIZATION'S NAME					
DIVERSIFIED FINANCIAL SERVICES, LLC					
OR					
3b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	
3c. MAILING ADDRESS		CITY		STATE	POSTAL CODE
14010 FIRST NATIONAL BANK PKWY STE 205		OMAHA		NE	68154

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0124174-001

## 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  
O'CONNOR

FIRST NAME  
BRIAN

MIDDLE NAME, SUFFIX  
H.

### 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 INSTRUCTIONS

ADD'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:

N 1/2 OF SE 1/4 SEC. 7 T-41S, R-11E LOTS 4 & 5, KLAMATH COUNTY, OR

15. Name and address of a RECORD OWNER of above-described real estate (if Debtor does not have a record interest):

LORI & BRIAN O'CONNOR

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 Estate

18. 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

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MIDDLE NAME

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

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11d. SEE INSTRUCTIONS

ADD'L INFO RE  
ORGANIZATION  
DEBTOR

11e. TYPE OF ORGANIZATION

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11g. ORGANIZATIONAL ID #, if any

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MIDDLE NAME

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