M06-07182

Klamath County, Oregon 04/13/2006 10:01:34 AM Pages 2 Fee: \$26.00

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] MARK KASTNER 800-648-8026 B. SEND ACKNOWLEDGMENT TO: (Name and Address) DIVERSIFIED FINANCIAL SERVICES, LLC 14010 FIRST NATIONAL BANK PARKWAY #205 **OMAHA, NE 68154**

	THE ABOVE S	PACE IS FU	K FILING OFFICE OSE	O11L1
1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a	or 1b) - do not abbreviate or combine names		<u> </u>	
18. ORGANIZATION'S NAME				
BALIN FARM TRUST				
OR 1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
1c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
	KLAMATH FALLS	OR	97603	USA
13600 HOMEDALE RD	1f JURISDICTION OF ORGANIZATION		ANIZATIONAL ID #, if any	
1d. TAX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION		134823-85		
ORGANIZATION REVOCABLE TRUS	OREGON	13482	23-83	NONE
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one	debtor name (2a or 2b) - do not abbreviate or combi	ne names		
2a. ORGANIZATION'S NAME				
BALIN RANCHES				
OR 2b. INDIVIDUAL'S LAST NAME	TEIRST NAME	MIDDLE	NAME	SUFFIX
25. INDIVIDUAL'S LAST NAME	W 7	-		
		STATE	IPOSTAL CODE	COUNTRY
2c. MAILING ADDRESS	CITY			
13600 HOMEDALE RD	KLAMATH FALLS	OR	97603	USA
2d. TAX ID #: SSN OR EIN ADD'L INFO RE 2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORG	2g. ORGANIZATIONAL ID #, if any	
ORGANIZATION TRADITIONED A CCOC	OREGON			NONE
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNO	R S/P) - insert only one secured party name (3a or 3	(b)		
3a. ORGANIZATION'S NAME		السط		
DIVERSIFIED FINANCIAL SERVICES, LLC				- Tauraw
OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
3c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
14010 FIRST NATIONAL BANK PARKWAY #205	ОМАНА	NE	68154	
14010 FIRST NATIONAL BANK PARKWAT #203	S.1.2. 21.1. 2			

4. This FINANCING STATEMENT covers the following collateral:

1 NEW 2006 MODEL 8000 VALLEY PIVOT 1440', 9T W/287' PRECISION CORNER ARM

960' 12" 125 PSI GASKET IPS, 1600' 3#/0 AL W/1#4 & 4#12 CU IN PVC, MISC. VALVES & FITTINGS

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR	CONSIGNEE/CONSIGNOR BAILEE/BAILOR	SELLER/BUYER AG. LIEN NO	N-UCC FILING
6 La This FINANCING STATEMENT is to be filed [for record] (or recorded		ORT(S) on Debtor(s) Inputional All Debtors Debtor	r 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA	III applicable [TADBOTOWILL TE		

FOLLOW INSTRUCTIONS (front and b 9. NAME OF FIRST DEBTOR (1a or 1	ack) CAREFULLY	STATEMENT			
9. NAME OF FIRST DEBTOR (18 or 198. ORGANIZATION'S NAME	ID) ON RELATED FINANCING) OTATEINENT			
BALIN FARM TRUST					
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME,SL	JFFIX		
				- 4	
10. MISCELLANEOUS:					
			_		
				(
			- 4	" / P	
				OVE SPACE IS FOR FILING OFFICE	USE ONLY
11. ADDITIONAL DEBTOR'S EXACT	FULL LEGAL NAME - insert on	y <u>one</u> name (11a or 11b) - do not	abbreviate or combine	names	
11a. ORGANIZATION'S NAME			r .		
OR 11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX
		Jak 1			
11c. MAILING ADDRESS		CITY		STATE POSTAL CODE	COUNTRY
11d. TAX ID #: SSN OR EIN ADD'L INFO	RE 11e. TYPE OF ORGANIZAT	ION 11f. JURISDICTION OF	ORGANIZATION	11g. ORGANIZATIONAL ID #, if any	
11d. TAX ID #: SSN OR EIN ADD'L INFO ORGANIZA DEBTOR			7		NONE
12. ADDITIONAL SECURED PA	RTY'S or ASSIGNOR	S/P'S NAME - insert only one	aname (12a or 12b)		
12a, ORGANIZATION'S NAME					
OR 12b, INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME	SUFFIX
128. INDIVIDUAL 3 EAST HAME	- 1				
12c. MAILING ADDRESS		CITY		STATE POSTAL CODE	COUNTRY
4 4					
13. This FINANCING STATEMENT covers	Second Second	racted 16. Additional collatera	Il description:		
collateral, or is filed as a fixture fill 14. Description of real estate:	ing.		- 1		
S12 T40 R9 KLAMATH	COUNTY, OR	~ \			
		16			
	1				
	1				
15. Name and address of a RECORD OWI (if Debtor does not have a record intere	NER of above-described real estate ist):				
HAROLD BALIN	•				
JOAN STAUNTON		17. Check only if appli	cable and check only c	one box.	
BALIN FARM TRUST				with respect to property held in trust or	Decedent's Estate
			icable and check only c	one box.	
		Debtor is a TRANS		The state of the s	
		jamej.		Home Transaction — effective 30 years Transaction — effective 30 years	