M06-07182

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

UCC FINANCING STATEMENT

A. NAME & PHONE OF CONTACT AT FILER [optional]

800-648-8026 MARK KASTNER

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

DIVERSIFIED FINANCIAL SERVICES, LLC

14010 FIRST NATIONAL BANK PARKWAY #205

OMAHA, NE 68154

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

			THE ABOVE	SPACE IS FO	K FILING OFFICE 03	
		- insert only one debtor name (1a or	1b) - do not abbreviate or combine names			
18. ORGANIZATION'S NAI	ME					
BALIN FARM T	RUST					SUFFIX
OR 1b. INDIVIDUAL'S LAST N	AME		FIRST NAME	MIDDLE	NAME	SUPPIX
					1. National State (1984)	
1c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
13600 HOMEDALE	RD		KLAMATH FALLS	OR	97603	USA
1d. TAX ID #: SSN OR EIN	ADD'L INFO RE	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORG/	ANIZATIONAL ID#, if any	
Id. MACION. OST ON AM	ORGANIZATION DEBTOR	REVOCABLE TRUST	OREGON	13482	.3-85	NONE
2. ADDITIONAL DEBTOR	'S EXACT FULL	LEGAL NAME - insert only one de	btor name (2a or 2b) - do not abbreviate or com	bine names		
2a. ORGANIZATION'S NA						
BALIN RANCHI	ES			-		ISUFFIX
OR 2b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	MIDDLE NAME		
2c, MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
13600 HOMEDAI	LE 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	ANIZATIONAL ID #, if any	
Zu. IAX to II. Con Cit Zii.	ORGANIZATION DEBTOR	UNINCORP. ASSOC.	OREGON			NONE
3 SECURED PARTY'S	NAME (or NAME	of TOTAL ASSIGNEE of ASSIGNOR	S/P) - insert only one secured party name (3a or	r 3b)		
3a. ORGANIZATION'S NA						
DIVERSIFIED F	INANCIAL	SERVICES, LLC				
OR 3b. INDIVIDUAL'S LAST	NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
3c. MAILING ADDRESS			CITY	STATE	POSTAL CODE	COUNTRY
	TIONAL BA	NK PARKWAY #205	ОМАНА	NE	68154	

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		

^{4.} This FINANCING STATEMENT covers the following collateral:

1b) ON RELATED FINANCING STA	TEMENT			
AND THE PROPERTY OF THE PROPER				
FIRST NAME	MIDDLE NAME, SUFFIX			
	THE AB	OVE SPACE	IS FOR FILING OFFICE	E USE ONL
FULL LEGAL NAME - insert only one	name (11a or 11b) - do not abbreviate or combine	names		
	FIRST NAME	MIDDLE	NAME	SUFFIX
	CITY	STATE	POSTAL CODE	COUNT
O RE 11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORG	L SANIZATIONAL ID #, if any	,
ATION				
ARTY'S 🖭 🗌 ASSIGNOR S/P'S	NAME - insert only one name (12a or 12b)			
	FIRST NAME	MIDDLE	NAME	SUFFIX
		CTATE.	IDOSTAL CODE	COUNT
	CITY	SIAIE	POSTAL GODE	COOK
timber to be cut or as-extracted	16. Additional collateral description:			
ling.				
	i .			
COLDITY				
COUNTY, OR				
NER of above-described real estate				
NER of above-described real estate				
NER of above-described real estate	17. Check <u>only</u> if applicable and check <u>only</u> o			
NER of above-described real estate	Debtor is a Trust or Trustee acting	with respect to	property held in trust or	Decedent
NER of above-described real estate	Debtor is a Trust or Trustee acting 18. Check only if applicable and check only if	with respect to	property held in trust or	Decedent'
NER of above-described real estate	Debtor is a Trust or Trustee acting	with respect to one box.		Decedent
	ORE 11e. TYPE OF ORGANIZATION ITION ARTY'S or ASSIGNOR S/P'S Itimber to be cut or as-extracted	THE AB FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine FIRST NAME CITY CITY CITY ASSIGNOR S/P'S NAME - insert only one name (12a or 12b) FIRST NAME CITY CITY ASSIGNOR S/P'S NAME - insert only one name (12a or 12b) FIRST NAME CITY Limber to be cut or as-extracted 16. Additional collateral description:	THE ABOVE SPACE FULL LEGAL NAME - insert only gine name (11a or 11b) - do not abbreviate or combine names FIRST NAME MIDDLE	THE ABOVE SPACE IS FOR FILING OFFICE FULL LEGAL NAME - insert only one name (11a or 11b) - do not abbreviate or combine names FIRST NAME MIDDLE NAME CITY STATE POSTAL CODE ORE 11e. TYPE OF ORGANIZATION 11f. JURISDICTION OF ORGANIZATION 11g. ORGANIZATIONAL ID #. if any ITION IRTY'S or ASSIGNOR S/P'S NAME - insert only one name (12a or 12b) FIRST NAME MIDDLE NAME CITY STATE POSTAL CODE TIMBER MIDDLE NAME CITY STATE POSTAL CODE