## M06-07266

Klamath County, Oregon 04/14/2006 08:59:50 AM Pages 2 Fee: \$31.00

| OLLOW INSTRUCTION<br>A. NAME & PHONE OF O  |  |  |  |                        |  |         |
|--|--|--|--|------------------------|--|---------|
| 800-648-8026   | CONTACT AT THE   | re (optional)  | l  |                        |  |         |
| B. SEND ACKNOWLEDG   | MENT TO: (Nam  | ne and Address)  |  |                        |  |         |
|  |  |  |  |                        |  |         |
| DIVERSIFIE   | ED FINANCIAL   | SERVICES, LLC  | 4  |                        |  |         |
| 14010 FIRS   | T NATATIONA  | AL BANK PKWY   |  |                        |  |         |
| STE 205  |  |  |  |                        |  |         |
| OMAHA, NE  | E 68154  |  |  |                        |  |         |
|  |  |  |  |                        |  |         |
| 1  |  |  | l  |                        |  |         |
| L  |  |  | THE ABOVE  | SPACE IS FO            | R FILING OFFICE US                         | E ONLY  |
| .DEBTOR'SEXACTE  | JLL LEGAL NAME   | insert only one debtor name (1a or 1b  | ) - do not abbreviate or combine names   |                        |  |         |
| 1a. ORGANIZATION'S N   |  |  |  | V                      |  |         |
|  |  |  |  |                        |  |         |
| 16. INDIVIDUAL'S LASTI   | NAME   |  | FIRST NAME   | MIDDLE                 | NAME                                       | SUFFIX  |
| RAJNUS   |  | GEORGE   |  |                        |  |         |
| c. MAILING ADDRESS   |  |  | СІТҮ   | STATE                  | POSTAL CODE                                | COUNTRY |
| 25081 SCHAUPP RD   |  |  | KLAMATH FALLS  | OR                     | 97603                                      |         |
| 1d. <u>SEEINSTRUCTIONS</u> ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR  |  | 1f. JURISDICTION OF ORGANIZATION   | 1g. ORGANIZATIONAL ID #, if any  |                        |  |         |
|  |  | OHIO   | 1  |                        | NO   |         |
|  |  | LEGAL MANAE :  | lebtor name (2a or 2b) - do not abbreviate or comb   | oine names             |  |         |
| . ADDITIONAL DEBTO   | R'S EXACT FULL   | LEGAL INAVIE - INSERTORIY <u>one</u> (                                       |  |                        |  |         |
| 2a. ORGANIZATION'S N   |  | LEGAL IVAIVIC - Insert only one  |  |                        |  |         |
| 2a. ORGANIZATION'S N   | IAME   | LEGAL INAVIC - Insert only one   | ,  |                        |  |         |
| 2a ORGANIZATION'S N  | SEED   | LEGAL NAVIC - Insert only one  | FIRST NAME   | MIDDLE                 | NAME                                       | SUFFIX  |
| 2a. ORGANIZATION'S N   | SEED   | LEGAL NAVIE - Insert only <u>one</u> (                                       | · · · · · · · · · · · · · · · · · · ·  | MIDDLE                 | NAME                                       | SUFFIX  |
| 2a ORGANIZATION'S N RAJNUS BROS 2b. INDIVIDUAL'S LAST  | SEED   | LEGAL NAVIE - insert only one  | · · · · · · · · · · · · · · · · · · ·  | MIDDLE                 | NAME POSTAL CODE                           | SUFFIX  |
| 2a. ORGANIZATION'S N   | SEED<br>NAME   | LEGAL NAVIE - insert only <u>one</u> (                                       | FIRST NAME   |                        |  |         |
| 2a ORGANIZATIONS N<br>RAJNUS BROS<br>2b. INDIVIDUAL'S LAST<br>c. MAILING ADDRESS<br>25081 SCHAUPP RD   | SEED NAME  | 2e. TYPE OF ORGANIZATION   | FIRST NAME   | STATE<br>OR            | POSTAL CODE                                |         |
| 2a ORGANIZATION'S N RAJNUS BROS 2b. INDIVIDUAL'S LAST  | IAME<br>SEED<br>NAME   |  | FIRST NAME  CITY  KLAMATH FALLS  | STATE<br>OR            | POSTAL CODE<br>97603                       | COUNTRY |
| 2a ORGANIZATIONS N RAJNUS BROS 2b. INDIVIDUAL'S LAST c. MAILING ADDRESS 25081 SCHAUPP RD d SEEINSTRUCTIONS   | ADD'L INFO RE ORGANIZATION DEBTOR  | 28. TYPE OF ORGANIZATION<br>UNINCORP ASSOC                                   | FIRST NAME  CITY  KLAMATH FALLS  2f. JURISDICTION OF ORGANIZATION  OR  | STATE<br>OR            | POSTAL CODE<br>97603                       | COUNTRY |
| 2a ORGANIZATIONS N RAJNUS BROS 2b. INDIVIDUAL'S LAST  1c. MAILING ADDRESS 25081 SCHAUPP RD  1d. SEEINSTRUCTIONS  | ADD'L INFO RE ORGANIZATION DEBTOR  | 28. TYPE OF ORGANIZATION<br>UNINCORP ASSOC                                   | FIRST NAME  CITY  KLAMATH FALLS  21 JURISDICTION OF ORGANIZATION   | STATE<br>OR            | POSTAL CODE<br>97603                       |         |
| 2a ORGANIZATIONS N RAJNUS BROS 2b. INDIVIDUAL'S LAST c. MAILING ADDRESS 25081 SCHAUPP RD d. SEEINSTRUCTIONS SECURED PARTY'S  | ADD'L INFO RE ORGANIZATION DEBTOR  | 2e, TYPE OF ORGANIZATION<br>  UNINCORP ASSOC<br>TOTAL ASSIGNEE & ASSIGNOR S/ | FIRST NAME  CITY  KLAMATH FALLS  2f. JURISDICTION OF ORGANIZATION  OR  | STATE<br>OR            | POSTAL CODE<br>97603                       | COUNTRY |
| 2a ORGANIZATIONS N RAJNUS BROS 2b. INDIVIDUAL'S LAST  c. MAILING ADDRESS 25081 SCHAUPP RD d. SEEINSTRUCTIONS  SECURED PARTY'S 3a. ORGANIZATION'S N DIVERSIFIED FII | ADD'L INFO RE ORGANIZATION DEBTOR  S NAME (or NAME of NAME) NANCIAL SERV | 2e, TYPE OF ORGANIZATION<br>  UNINCORP ASSOC<br>TOTAL ASSIGNEE & ASSIGNOR S/ | FIRST NAME  CITY  KLAMATH FALLS  2f. JURISDICTION OF ORGANIZATION  OR  | STATE<br>OR            | POSTAL CODE 97603 ANIZATIONAL ID #, if any | COUNTRY |
| 2a ORGANIZATIONS N RAJNUS BROS 2b INDIVIDUAL'S LAST  c. MAILING ADDRESS 25081 SCHAUPP RD d. SEEINSTRUCTIONS  SECURED PARTY'S 3a. ORGANIZATIONS N DIVERSIFIED FII   | ADD'L INFO RE ORGANIZATION DEBTOR  S NAME (or NAME of NAME) NANCIAL SERV | 2e, TYPE OF ORGANIZATION<br>  UNINCORP ASSOC<br>TOTAL ASSIGNEE & ASSIGNOR S/ | FIRST NAME  CITY  KLAMATH FALLS  2f. JURISDICTION OF ORGANIZATION  OR  P)-insert only one secured partyname (3a or 3b) | STATE<br>OR<br>2g. ORG | POSTAL CODE 97603 ANIZATIONAL ID #, if any | COUNTRY |
| 2a ORGANIZATIONS N RAJNUS BROS 2b. INDIVIDUAL'S LAST  c. MAILING ADDRESS 25081 SCHAUPP RD d SEEINSTRUCTIONS  SECURED PARTY'S 3a. ORGANIZATIONS N DIVERSIFIED FII   | ADD'L INFO RE ORGANIZATION DEBTOR  S NAME (or NAME of NAME) NANCIAL SERV | 2e, TYPE OF ORGANIZATION<br>  UNINCORP ASSOC<br>TOTAL ASSIGNEE & ASSIGNOR S/ | FIRST NAME  CITY  KLAMATH FALLS  2f. JURISDICTION OF ORGANIZATION  OR  P)-insert only one secured partyname (3a or 3b) | STATE<br>OR<br>2g. ORG | POSTAL CODE 97603 ANIZATIONAL ID #, if any | COUNTRY |

1 NEW 2006 MODEL 8000 VALLEY PIVOT 1350', 8T W/ 287' PRECISION CORNER ARM

1490' 4 #2 AL WIRE W/ 2 #12 CU IN PVC, FLOW METER, FILTER, MISC. VALVES & FITTINGS

| 5. ALTERNATIVE DESIGNATION [if applicable]:                                    | LESSEE/LESSOR               | CONSIGNEE/CONSIGNOR                                      | BAILEE/BAILOR      | SELLER/BUYER                     | AG. LIEN    | NON-UCC FILING    |
|--|-----------------------------|--|--------------------|----------------------------------|-------------|-------------------|
| 6. X This FINANCING STATEMENT is to be filed [ ESTATE RECORDS. Attach Addendum | for record] (or recorded) i | in the REAL 7. Check to RE<br>[if applicable] [ADDITIONA | QUEST SEARCH REPOR | RT(S) on Debtor(s)<br>[optional] | All Debtors | Debtor 1 Debtor 2 |
| 8, OPTIONAL FILER REFERENCE DATA   |                             |  |                    |                                  |             |                   |
| 0129051-001  |                             |  |                    |                                  |             |                   |

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

26504

|          | C FINANCING STATE                                 | EMENT ADDENDUM   |                                      |                              |          |                           |                  |
|----------|---|--|--------------------------------------|------------------------------|----------|---------------------------|------------------|
|          |   | 1b) ON RELATED FINANCING STA   | TEMENT                               |                              |          |                           |                  |
| OR       |   |  | MIDDLE NAME, SUFFIX                  |                              |          |                           |                  |
|          | 9b. INDIVIDUAL'S LAST NAME                        | FIRST NAME   | MIDDLE NAME, SOFFIA                  |                              |          |                           |                  |
|          | RAJNUS  | GEORGE   |                                      |                              |          |                           |                  |
| 10.      | MISCELLANEOUS:                                    |  |                                      | THE ABOVE                    | SPACE I  | s for filing offici       | E USE ONLY       |
| 11.      | ADDITIONAL DEBTOR'S EXACT                         | FULL LEGAL NAME - insert only one  | name (11a or 11b) - do not abbrev    | iate or combine names        | 5        |                           |                  |
|          | 11a. ORGANIZATION'S NAME                          |  |                                      |                              |          |                           |                  |
| OR       |   | WARREST AND A STATE OF THE STAT | LEIDOT MANE                          |                              | MIDDLE   | MANAE                     | SUFFIX           |
| 011      | 11b. INDIVIDUAL'S LAST NAME                       |  | FIRST NAME                           |                              | MIDDLE   | NAME                      | SOFFIX           |
| 110      | MAILING ADDRESS                                   |  | СПҮ                                  |                              | STATE    | POSTAL CODE               | COUNTRY          |
| 11d      | SEE INSTRUCTIONS ADD'L INFO<br>ORGANIZA<br>DEBTOR |  | 11f. JURISDICTION OF ORGA<br>OHIO    | NIZATION                     | 11g. ORG | GANIZATIONAL ID #, if any | NONE             |
| 12.      | ADDITIONAL SECURED PA                             | RTY'S or ASSIGNOR S/P'S  | S NAME - insert only <u>one</u> name | (12a or 12b)                 |          |                           |                  |
| OF       | 12b. INDIVIDUAL'S LAST NAME                       |  | FIRST NAME                           |                              | MIDDLE   | NAME                      | SUFFIX           |
| 120      | : MAILING ADDRESS                                 |  | СПҮ                                  |                              | STATE    | POSTAL CODE               | COUNTRY          |
| 14<br>S  | . Name and address of a RECORD OW                 | ing.  1/2 E, KLAMATH COUNTY, OF  |                                      | iption:                      |          |                           |                  |
|          | (if Debtor does not have a record intere          |  |                                      |                              |          |                           |                  |
|          | EORGE RANJUS                                      |  | 17. Check only if applicable a       | and check <u>only</u> one bo | x.       |                           |                  |
| <u> </u> |   |  | Debtor is a Trust or                 |                              |          | property held in trust or | Decedent's Estat |
|          |   |  | 18. Check only if applicable a       |                              |          |                           |                  |
|          |   |  | Debtor is a TRANSMITTII              |                              |          |                           |                  |
|          |   |  | Filed in connection with a           |                              |          |                           |                  |
|          |   |  | Filed in connection with a           | Public-Finance Trans         | action   | effective 30 years        |                  |