

M06-11710

Klamath County, Oregon

06/09/2006 09:48:32 AM

Pages 6 Fee: \$46.00

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

Northwest Farm Credit Services, PCA
300 Klamath Avenue, Suite 200
PO Box 148
Klamath Falls, OR 97601

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

1a. ORGANIZATION'S NAME
V.H. Ranch, LLC

OR 1b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

1c. MAILING ADDRESS
18419 West Langell Valley Road Bonanza OR 97623 USA

1d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 1e. TYPE OF ORGANIZATION
Limited Liability Co. 1f. JURISDICTION OF ORGANIZATION
OR 1g. ORGANIZATIONAL ID #, if any
OR789058-83

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

2a. ORGANIZATION'S NAME
V. H. Ranch Properties Limited Partnership

OR 2b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

2c. MAILING ADDRESS
18419 West Langell Valley Road Bonanza OR 97623 USA

2d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 2e. TYPE OF ORGANIZATION
Limited Partnership 2f. JURISDICTION OF ORGANIZATION
OR 2g. ORGANIZATIONAL ID #, if any
OR027380-94

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

3a. ORGANIZATION'S NAME
Northwest Farm Credit Services, PCA

OR 3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

3c. MAILING ADDRESS
PO Box 148 Klamath Falls OR 97601 USA

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

All now owned or hereafter acquired collateral described herein, including, without limitation the types or items of collateral described herein and inventory, accounts, general intangibles, and products and proceeds of collateral, and including:

YEAR: 2006
MAKE: Valley
MODEL: 7 Tower

KIND: Circular Pivot
QUANTITY: 1

See Addendum for Description of Property:

THIS IS A FIXTURE FILING TO BE FILED FOR RECORD IN THE REAL ESTATE RECORDS

5. ALTERNATIVE DESIGNATION (if applicable) LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING

6. ☒ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS Attach Addendum (if applicable) 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (ADDITIONAL FEE) (optional) All Debtors Debtor 1 Debtor 2

8. OPTIONAL FILER REFERENCE DATA

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

V.H. Ranch, LLC

OR

9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

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

V H Ranch Properties Management, Inc.

OR

11b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

11c. MAILING ADDRESS

18419 West Langell Valley Road

CITY

Bonanza

STATE

OR

POSTAL CODE

97623

COUNTRY

USA

11d. TAX ID #: SSN OR EIN

ADDL INFO RE

11e. TYPE OF ORGANIZATION

Corporation

11f. JURISDICTION OF ORGANIZATION

OR

11g. ORGANIZATIONAL ID #, if any

OR785318-87

☐ 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

USA

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:

Twn. 40S, Range 13E, Section 36, SE 1/4,
W.P.M., Klamath County, OR

16. Additional collateral description:

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

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

UCC FINANCING STATEMENT ADDENDUM

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9. NAME OF FIRST DEBTOR (1A OR 1B) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME

V.H. Ranch, LLC

OR

9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

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

Hammerich

FIRST NAME

Wilmer

MIDDLE NAME

E.

SUFFIX

11c

MAILING ADDRESS

18419 W Langell Valley Rd

CITY

Bonanza

STATE

OR

POSTAL CODE

97623

COUNTRY

USA

11d

TAX ID #: SSN OR EIN

ADD'L INFO RE

ORGANIZATION

DEBTOR

11e. TYPE OF ORGANIZATION

11f. JURISDICTION OF ORGANIZATION

11g. ORGANIZATIONAL ID #, if any

12

12a. ORGANIZATION'S NAME

12b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

12c

MAILING ADDRESS

CITY

STATE

OR

POSTAL CODE

97623

COUNTRY

USA

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9. NAME OF FIRST DEBTOR (1A OR 1B) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME V.H. Ranch, LLC		
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

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 Hammerich	FIRST NAME Barbara	MIDDLE NAME J.	SUFFIX	
11c. MAILING ADDRESS 18419 W Langell Valley Rd		CITY Bonanza	STATE OR	POSTAL CODE 97623
11d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any

12. <input type="checkbox"/> ADDITIONAL SECURED PARTY'S <input type="checkbox"/> or <input type="checkbox"/> ASSIGNOR S/P'S NAME - Insert only one name (12a or 12b) <input type="checkbox"/> NONE				
12a. ORGANIZATION'S NAME				
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
12c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY USA

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15. Name and address of a RECORD OWNER of above-described real estate
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9a. ORGANIZATION'S NAME V.H. Ranch, LLC		
OR 9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

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 Wilmer E. Hammerich, Trustee of the Wilmer E. Hammerich Trust				
OR 11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
11c. MAILING ADDRESS 18419 W Langell Valley Rd		CITY Bonanza	STATE OR	POSTAL CODE 97623
11d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION Trust	11f. JURISDICTION OF ORGANIZATION OR	11g. ORGANIZATIONAL ID #, if any
				<input checked="" type="checkbox"/> 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
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V.H. Ranch, LLC

OR

9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

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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

Barbara J. Hammerich, Trustee, of the Barbara J. Hammerich Trust

OR

11b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

11c. MAILING ADDRESS

18419 W Langell Valley Rd

CITY

Bonanza

STATE

OR

POSTAL CODE

97623

COUNTRY

USA

11d. TAX ID #: SSN OR EIN

ADD'L INFO RE

ORGANIZATION

Trust

DEBTOR

11e. TYPE OF ORGANIZATION

11f. JURISDICTION OF ORGANIZATION

OR

11g. ORGANIZATIONAL ID #, if any

12.

ADDITIONAL SECURED PARTY'S or

ASSIGNOR S/P'S NAME - Insert only one name (12a or 12b)

☒ NONE

12a. ORGANIZATION'S NAME

OR

12b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

12c. MAILING ADDRESS

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