| UCC FINANCING STATEMENT                   |
|---|
| FOLLOW INSTRUCTIONS (front and back) CARE |
|   |

M06-11856

Klamath County, Oregon 06/12/2006 09:51:28 AM Pages 2 Fee: \$26.00

| FOLLOW INSTRUCTIONS (front and back) CAREFULLY  |     |
|---|-----|
| A. NAME & PHONE OF CONTACT AT FILER [optional]  |     |
| 800-648-8026  |     |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)   |     |
| DIVERSIFIED FINANCIAL SERVICES, LLC<br>14010 FIRST NATATIONAL BANK PKWY<br>STE 205<br>OMAHA, NE 68154 |     |
|   |     |
| 1. DEBTOR'S EXACTEUL LEGAL NAME insertent/one deliter name (12 cs.1b), do not able                    | 2.4 |

|   |  |  | THE ABOVE  | OFACE IQ FU                           | K FILING OFFICE US                      | SEONLY   |
|---|--|--|--|---------------------------------------|---|----------|
| 1. DEBTOR'S EXACT                       | FULL LEGAL NAME                        | -insert only one debtor name (1a or 1i   | b) - do not abbreviate or combine names            |                                       |   |          |
|   | , 10 1111L                             |  |  |                                       |   |          |
| OR 16. INDIVIDUAL'S LAS                 | STNAME                                 |  | FIRST NAME   | MIDDLE                                | NAME                                    | SUFFIX   |
| CURRY                                   |  |  | HENRY  | F STATE   POSTAL CODE                 |   | JR       |
| : MAILING ADDRESS                       |  | CITY   | COUNTRY  |                                       |   |          |
| 3028 HILDEBRAND RD                      |  |  | BONANZA  | OR                                    | 97623                                   | COGIVIKI |
| 1d. SEEINSTRUCTIONS                     | ADD'L INFO RE<br>ORGANIZATION          | 1e. TYPE OF ORGANIZATION   | 1f. JURISDICTION OF ORGANIZATION                   | 1g ORGANIZATIONAL ID#, if any         |   |          |
|   | DEBTOR                                 |  |  | 1                                     |   | NON      |
| 2. ADDITIONAL DEBT<br>2a. ORGANIZATIONS | OR'S EXACT FULL                        | LEGAL NAME - insert only one   | debtor name (2a or 2b) - do not abbreviate or com  | bine names                            |   |          |
|   |  |  |  |                                       |   |          |
| CURRY RANG                              |  |  |  |                                       |   |          |
| 2b. INDIVIDUAL'S LAST NAME              |  | FIRST NAME   | MIDDLE NAME  |                                       | SUFFIX                                  |          |
|   |  |  |  |                                       |   | i        |
| 2c MAILING ADDRESS                      |  | THE PARTY OF THE P | спү  | STATE POSTAL CODE                     |   | COUNTRY  |
| 6028 HILDEBRAND                         | RD                                     |  | BONANZA  | OR 97623                              |   |          |
|   |  | 26. TYPE OF ORGANIZATION   | 2f. JURISDICTION OF ORGANIZATION                   | 2g. ORG                               | ANIZATIONAL ID#, if any                 |          |
|   | ORGANIZATION ' DEBTOR   UNINCORP ASSOC |  | OR   | 1                                     | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | X NON    |
| SECURED PARTY                           | "S NAME (or NAME of                    | TOTAL ASSIGNEE #ASSIGNOR S/  | P) -insert only one secured partyname (3a or 3b)   |                                       |   | AINON    |
| 3a. ORGANIZATION'S                      | NAME                                   |  | - / most carly at good and party harrie (dated ob) |                                       |   |          |
| DIVERSIFIED F                           | INANCIAL SERV                          | ICES, LLC  |  |                                       |   |          |
| OR 3b. INDIVIDUAL'S LAST NAME           |  | FIRST NAME   | MIDDLE NAME  |                                       | SUFFIX                                  |          |
|   |  |  |  | , , , , , , , , , , , , , , , , , , , | W HTTE                                  | SUFFIX   |
| 3c. MAILING ADDRESS                     |  | T-88901  | спу  | STATE                                 | POSTAL CODE                             | COUNTRY  |
| 14010 FIRST NATIO                       | NAI BANK PKW                           | Y STF 205  | OMAHA  | NE                                    | 68154                                   |          |

1280' 12" CLASS 80 GASKETED PVC PIPE, 1300' SUPPLY WIRE, 12" MCCROMETER FLOW METER, KERNS FILTER, ELECTRICAL SERVICE PANEL, POWER WIRE FROM PACIFIC POWER

| 5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING   |
|--|
| 6. Linis FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) All Debtors Debtor 1 Debtor 2  8. OPTIONAL FILER REFERENCE DATA |
| 0129407-001  |

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



<sup>4.</sup> This FINANCING STATEMENT covers the following collateral:

<sup>1</sup> NEW 2006 MODEL 8000 VALLEY PIVOT 1547', 8T

| FOLLOW INSTRUCTION<br>9. NAME OF FIRST DE   | BTOR (1a or 1b)                         | ON RELATED FINANCING STA                | TEMENT  |                         |                         |               |
|---|---|---|---|-------------------------|-------------------------|---------------|
| 9a. ORGANIZATION'S I  |   |   |   |                         |                         |               |
| OR  |   |   |   |                         |                         |               |
| 96 INDIVIDUAL'S LAS   | NAME                                    | FIRST NAME                              | MIDDLE NAME, SUFFIX   |                         |                         |               |
| CURRY<br>0. MISCELLANEOUS:  |   | HENRY                                   | F, JR   |                         |                         |               |
|   |   |   |   |                         |                         |               |
| 1. ADDITIONAL DEBT  | OR'S EXACT FUL                          | L LEGAL NAME - insert only <u>one</u> r | TH name (11a or 11b) - do not abbreviate or cor                             |                         | IS FOR FILING OFF       | CE USE ONLY   |
| R 11b. INDIVIDUAL'S LAS   | TNAME                                   |   | FIRST NAME  | MIDDLE                  | NAME                    | SUFFIX        |
| 1c. MAILING ADDRESS   |   |   | СПУ   | STATE                   | POSTAL CODE             | COUNTRY       |
| d. SEE INSTRUCTIONS   | ADD'L INFO RE<br>ORGANIZATION<br>DEBTOR | 116. TYPE OF ORGANIZATION               | 11f. JURISDICTION OF ORGANIZATION   | 11g. OR                 | SANIZATIONAL ID #, if a | any           |
| . ADDITIONAL SE<br>12a. ORGANIZATION'S  | CURED PARTY                             | S of ASSIGNOR S/P'S                     | NAME - insert only one name (12a or 12                                      | 2b)                     |                         | Ш,            |
| 126. INDIVIDUAL'S LAS   | TNAME                                   |   | FIRST NAME  | MIDDLE                  | NAME                    | SUFFIX        |
| c. MAILING ADDRESS  |   |   | спу   | STATE                   | POSTAL CODE             | COUNTRY       |
| 3. This FINANCING STATE collateral, or is filed as a 4. Description of real estate. | fixture filing.                         | nber to be cut or as-extracted          | 16. Additional collateral description:                                      | I                       |                         |               |
| E 1/4 SEC15-T38-R1  | 1 1/2 E, KLAMA                          | TH COUNTY, OR                           |   |                         |                         |               |
|   |   |   |   |                         |                         |               |
|   |   |   |   |                         |                         |               |
|   |   |   |   |                         |                         |               |
|   |   |   |   |                         |                         |               |
|   |   |   |   |                         |                         |               |
|   |   | above-described real estate             |   |                         |                         |               |
| (if Debtor does not have a  |   | above-described real estate             |   |                         |                         |               |
| if Debtor does not have a<br>ENRY J. CURRY JR                                       |   | above-described real estate             | 47.0  |                         |                         |               |
| if Debtor does not have :<br>ENRY J. CURRY JR                                       |   | above-described real estate             | 17. Check <u>only</u> if applicable and check <u>on</u>                     | · · <del>-</del>        |                         | <b>-</b> 1    |
| if Debtor does not have :<br>ENRY J. CURRY JR                                       |   | above-described real estate             | Debtor is a Trust or Trustee act  | ing with respect to pa  | operty held in trust or | Decedent's Ex |
| if Debtor does not have :<br>ENRY J. CURRY JR                                       |   | above-described real estate             | Debtor is a Trust or Trustee act  18. Check only if applicable and check on | ing with respect to pa  | operty held in trust or | Decedent's E  |
| (if Debtor does not have a  |   | above-described real estate             | Debtor is a Trust or Trustee act  | ting with respect to po |                         | Decedent's E  |