

2006-018504

Klamath County, Oregon



00003734200600185040030036

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

09/14/2006 09:08:34 AM

Fee: \$31.00

A. NAME & PHONE OF CONTACT AT FILER [optional]
800-648-8026

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

DIVERSIFIED FINANCIAL SERVICES, LLC
14010 FIRST NATATIONAL BANK PKWY
STE 205
OMAHA, NE 68154

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
CARLETON FARMS

OR

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

1c. MAILING ADDRESS
P.O. BOX 362

CITY
MERRILL

STATE
OR

POSTAL CODE
97633

COUNTRY

1d. SEE INSTRUCTIONS

ADD'L INFO RE ORGANIZATION DEBTOR

1e. TYPE OF ORGANIZATION
GENERAL PARTNERSHIP

1f. JURISDICTION OF ORGANIZATION
OREGON

1g. ORGANIZATIONAL ID #, if any

☒ NONE

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

OR

2b. INDIVIDUAL'S LAST NAME
CARLETON

2c. MAILING ADDRESS
P.O. BOX 774

CITY
MERRILL

STATE
OR

POSTAL CODE
97633

COUNTRY

2d. SEE INSTRUCTIONS

ADD'L INFO RE ORGANIZATION DEBTOR

2e. TYPE OF ORGANIZATION
GENERAL PARTNERSHIP

2f. JURISDICTION OF ORGANIZATION
OREGON

2g. ORGANIZATIONAL ID #, if any

☐ NONE

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
DIVERSIFIED FINANCIAL SERVICES, LLC

OR

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

3c. MAILING ADDRESS
14010 FIRST NATIONAL BANK PKWY STE 205

CITY
OMAHA

STATE
NE

POSTAL CODE
68154

COUNTRY

4. This FINANCING STATEMENT covers the following collateral:

2 NEW 2006 VALLEY PIVOTS 1280' 8T W/ 287' PRECISION CORNER ARM & 1160' W/ 287' PRECISION CORNER ARM

50HP NATIONAL SHORT SET TURBINE PUMP & MOTOR; 1395' 3#10 AL W/ 1 #4 & 2 #12 CU IN PVC

1 NEW 2006 MODEL 8099 287' RETRO PRECISION CORNER ARM

2 NEW 5 RB 50 HP CORNELL PUMPS & MOTORS W/ 50 HP X LINE PANELS, 2 FLOW METERS, 90' 10" PVC, 3035' 3#2/0 AL W/ 1#2 & 2#12 CU IN PVC, MISC. VALVES & FITTINGS

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) (OPTIONAL FEE)

8. OPTIONAL FILER REFERENCE DATA: All Debtors Debtor 1 Debtor 2

0053554-003

UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

OR	9a. ORGANIZATION'S NAME CARLETON FARMS		
	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

OR	11a. ORGANIZATION'S NAME			
	11b. INDIVIDUAL'S LAST NAME CARLETON	FIRST NAME GREGORY	MIDDLE NAME	SUFFIX
11c. MAILING ADDRESS P.O. BOX 576		CITY MERRILL	STATE OR	POSTAL CODE 97633
11d. SEE INSTRUCTIONS		11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	
ADD'L INFO RE ORGANIZATION DEBTOR		11g. ORGANIZATIONAL ID #, if any		
		☐ NONE		

12. ☐ ADDITIONAL SECURED PARTY'S or ☐ ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

OR	12a. ORGANIZATION'S NAME			
	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
12c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY

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:

SW 1/4 SEC 31 T-40S R-11E, NW, 1/4 SEC 6 T-41S R-11E, NE 1/4, SEC 1 T-41S R-10E KLAMATH COUNTY, OR

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

STEVE KANDRA FARMS
LARRY L, MARY ANN PASCHKE
HARRY MAYNARD PASCKHE
REVOCABLE TRUST

16. Additional collateral description:

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

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OR	11a. ORGANIZATION'S NAME			
	11b. INDIVIDUAL'S LAST NAME CARLETON	FIRST NAME RICHMOND	MIDDLE NAME	SUFFIX
11c. MAILING ADDRESS P.O. BOX 556		CITY MERRILL	STATE OR	POSTAL CODE 97633
11d. SEE INSTRUCTIONS		ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	
		11f. JURISDICTION OF ORGANIZATION		11g. ORGANIZATIONAL ID #, if any
				☐ NONE

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OR	12a. ORGANIZATION'S NAME			
	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
12c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY

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