## **UCC FINANCING STATEMENT**

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00006556200600209110020020 10/18/2006 10:49:23 AM

2006-020911

Klamath County, Oregon

Fee: \$26.00

A. NAME & PHONE OF CONTACT AT FILER [optional]
800-648-8026 NORA FOCHT
B. SEND ACKNOWLEDGMENT TO: (Name and Address)

DIVERSIFIED FINANCIAL SERVICES, LLC 14010 FIRST NATIONAL BANK PARKWAY #205 OMAHA, NE 68154

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names  Ta. ORGANIZATION'S NAME  Tb. INDIVIDUAL'S LAST NAME		THE ABOVE	SPACE IS FO	R FILING OFFICE US	SE ONLY
OR 15. INDIVIDUAL'S LAST NAME	1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (	1a or 1b) - do not abbreviate or combine names			
MOCKRIDGE  1c. MAILING ADDRESS  34106 MCCARTIE LN  BONANZA  OR  97623  USA  1d. TAX ID #: SSN OR EIN  ORGANIZATION 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  MOCKRIDGE  BARBARA  CITY  BONANZA  OR  97623  USA  Ig. ORGANIZATIONAL ID #, if any ORGANIZATION NAME  SUFFIX  BONANZA  OR  MIDDLE NAME  SUFFIX  BONANZA  OR  97623  USA  USA  2c. MAILING ADDRESS  CITY  STATE POSTAL CODE COUNTRY  USA  2d. TAX ID #: SSN OR EIN ORGANIZATION DEBTOR  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  NONE  NONE  STATE POSTAL CODE COUNTRY ORGANIZATIONAL ID #, if any ORGANIZATION DEBTOR  NONE  SUFFIX  NONE  STATE POSTAL CODE COUNTRY ORGANIZATION DEBTOR  SUFFIX  NONE  SIGNOR 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  FIRST NAME  MIDDLE NAME SUFFIX  STATE POSTAL CODE COUNTRY	1a, ORGANIZATION'S NAME				
MOCKRIDGE  1c. MAILING ADDRESS  34106 MCCARTIE LN  BONANZA  OR  97623  USA  1d. TAX ID #: SSN OR EIN  ORGANIZATION 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  MOCKRIDGE  BARBARA  CITY  BONANZA  MIDDLE NAME  SUFFIX  BONANZA  OR  97623  USA  Individual'S LAST NAME  MOCKRIDGE  BARBARA  CITY  STATE  POSTAL CODE  COUNTRY  MIDDLE NAME  SUFFIX  STATE  POSTAL CODE  COUNTRY  OR  97623  USA  USA  2d. TAX ID #: SSN OR EIN ORGANIZATION DEBTOR  ADDL INFO RE ORGANIZATION DEBTOR  JONANZA  OR  97623  USA  2d. TAX ID #: SSN OR EIN ORGANIZATION DEBTOR  ADDL INFO RE ORGANIZATION DEBTOR  JONANZA  OR  POSTAL CODE  COUNTRY  STATE  POSTAL CODE  COUNTRY  USA  JONANZA  OR  97623  USA  JONANZA  OR  97623  USA  JONANZA  OR  97623  USA  JONANZA  OR  POSTAL CODE  COUNTRY  OR  POSTAL CODE  COUNTRY  JONANZA  OR  POSTAL CODE  COUNTRY  STATE  POSTAL CODE  COUNTRY  JONANZA  OR  POSTAL CODE  COUNTRY  STATE  POSTAL CODE  COUNTRY  NAME  SUFFIX  JONANZA  OR  JONANZA  JONANZA  OR  JONANZA  JONANZ					
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34106 MCCARTIE LN  BONANZA  OR  97623  USA  1d. TAX ID #: SSN OR EIN OR EIN OR GRANIZATION OR DEBTOR OR GANIZATION OR DEBTOR  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  MOCKRIDGE  BARBARA  CITY  STATE POSTAL CODE  ORGANIZATION OR 97623  USA  USA  OR  OR  97623  USA  USA  OR  OR  OR  OR  OR  OR  OR  OR  OR  O	MOCKRIDGE	ERIC			
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ORGANIZATION 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  MOCKRIDGE  CITY  BARBARA  CITY  BONANZA  CITY  BONANZA  OR  97623  USA  2d. TAX ID #: SSN OR EIN ORGANIZATION DEBTOR  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  SUFFIX  NONE  3c. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  NONE  SUFFIX  SUFFIX  SUFFIX  SUFFIX  SUFFIX  SUFFIX  SUFFIX  CONTRY  STATE POSTAL CODE  COUNTRY  STATE POSTAL CODE  COUNTRY  SUFFIX  COUNTRY  STATE POSTAL CODE  COUNTRY  STATE POSTAL CODE  COUNTRY  COUNTRY  COUNTRY  COUNTRY  COUNTRY  COUNTRY  COUNTRY	34106 MCCARTIE LN	BONANZA	OR	97623	USA
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OR  2b. INDIVIDUAL'S LAST NAME  MOCKRIDGE  2c. MAILING ADDRESS  34106 MCCARTIE LN  BONANZA  CITY  BONANZA  CITY  BONANZA  OR  97623  USA  2d. TAX ID #: SSN OR EIN ORGANIZATION DEBTOR  ORGANIZATION DEBTOR  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  FIRST NAME  MIDDLE NAME  SUFFIX  SUFFIX  MIDDLE NAME  SUFFIX  SUFFIX  OR  ARILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY  STATE POSTAL CODE  COUNTRY	2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only on	ાલુ debtor name (2a or 2b) - do not abbreviate or comt	oine names		
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MOCKRIDGE  2c. MAILING ADDRESS 34106 MCCARTIE LN  2d. TAX ID #: SSN OR EIN   ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR   2e. TYPE OF ORGANIZATION ORGANIZATION ORGANIZATION DEBTOR   2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR   2e. TYPE OF ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION ORGANIZATION'S NAME OF TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)  3a. ORGANIZATION'S NAME ORGANIZATION ORGANIZATIO					
2c. MAILING ADDRESS  34106 MCCARTIE LN  BONANZA  QR 97623  USA  2d. TAX ID #: SSN OR EIN   ADD'L INFO RE   2e. TYPE OF ORGANIZATION   2f. JURISDICTION OF ORGANIZATION   2g. ORGANIZATIONAL ID #, if any ORGANIZATION'S NAME   2g. ORGANIZATION'S	OR 2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX
34106 MCCARTIE LN  BONANZA  OR  97623  USA  2d. TAX ID #: SSN OR EIN   ADD'L INFO RE   2e. TYPE OF ORGANIZATION   2f. JURISDICTION OF ORGANIZATION   2g. ORGANIZATIONAL ID #, if any ORGANIZATION'S NAME   0r 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   MIDDLE NAME   SUFFIX  3c. MAILING ADDRESS   CITY   STATE   POSTAL CODE   COUNTRY	MOCKRIDGE	BARBARA			
2d. TAX ID #: SSN OR EIN	2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
ORGANIZATION DEBTOR  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  CITY  STATE POSTAL CODE  COUNTRY	34106 MCCARTIE LN	BONANZA	OR	97623	USA
3a. ORGANIZATION'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  CITY  STATE POSTAL CODE  COUNTRY		2f. JURISDICTION OF ORGANIZATION	2g. ORG	ANIZATIONAL ID#, if any	/
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DIVERSIFIED FINANCIAL SERVICES, LLC  OR 3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX  3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY	3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGN	OR S/P) - insert only one secured party name (3a or	3b)		
OR 36. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX  3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY	3a. ORGANIZATION'S NAME				•
36. INDIVIDUAL'S LAST NAME  3C. MAILING ADDRESS  CITY  STATE POSTAL CODE  COUNTRY	DIVERSIFIED FINANCIAL SERVICES, LLC				
SC. MAILING ADDRESS	OR 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME		SUFFIX
SC. MAILING ADDRESS					
14010 FIRST NATIONAL BANK PARKWAY #205   OMAHA   NE   68154	3c. MAILING ADDRESS				COUNTRY
TIVIVE AND THEFAULTERS AND AND THE STANDARD STAN	14010 FIRST NATIONAL BANK PARKWAY #205	5 OMAHA	NE	68154	

4. This FINANCING STATEMENT covers the following collateral:

 $1-\text{NEW 2006 MODEL 8000 VALLEY PIVOT 759' 4T; } 1-\text{NEW 2006 MODEL 8000 VALLEY PIVOT 1171' 5T W/271'} \\ \text{TRACK \& ROLLER CORNER ARM; } 1020' 4#4 AL \& 2-#12 IN DUCT; 925' 4-#5 AL & 2 #12 CU IN DUCT; 100' 10" PVC; \\ 2000' 8" PVC; MISC. VALVES & FITTINGS$ 

5. ALTERNATIVE DESIGNATION [if applicable]:		CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	AG. LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is to be filed ESTATE RECORDS. Attach Addendum	d [for record] (or recorded)	) in the REAL 7. Check to RE [if applicable] [ADDITION	QUEST SEARCH REPO AL FEE)	ORT(S) on Debtor(s) [optional]	All Debtors	Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA						
#135531-001 J.W. KERNS, INC	•					

	NCING STATE RUCTIONS (front and ba	MENT ADDENDUM  ick) CAREFULLY				
NAME OF F	RST DEBTOR (1a or 1	b) ON RELATED FINANCING STAT	EMENT			
	ZATION'S NAME					
OR	The same of the same	FIRST NAME	MIDDLE NAME, SUFFIX			
MOCKE	JAL'S LAST NAME	ERIC				
0. MISCELLA		DATE				
				THE ABOVE SPA	ACE IS FOR FILING	OFFICE USE ONLY
1. ADDITION	AL DEBTOR'S EXACT	FULL LEGAL NAME - insert only one na	ame (11a or 11b) - do not abbrev	riate or combine names		
	NIZATION'S NAME					
i	RIDGE FARMS DUAL'S LAST NAME		FIRST NAME	MIC	DDLE NAME	SUFFIX
11c, MAILING AI	nness		CITY	STA	ATE POSTAL CODE	COUNTRY
	CCARTIE L'N		BONANZA	OI	R 97623	USA
11d. TAX ID #:		RE 116. TYPE OF ORGANIZATION UNINCORPORATED	11f. JURISDICTION OF ORGA OREGON	NIZATION 111g	. ORGANIZATIONAL ID	#, if any
	TONAL SECURED PAINIZATION'S NAME		NAME - insert only <u>one</u> name	(12a or 12b)		
OR 12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIE	MIDDLE NAME		
12c. MAILING A	DDRESS		CITY	ST	ATE POSTAL CODE	COUNTRY
		·				
	CING STATEMENT covers or is filed as a fixture fility of real estate:	man language	16. Additional collateral desc	ription:		
SE 1/4 A 1/4 SEC COUNT	. 11 T-39S R-11E,	1/4 AND SE 1/4 OF SW W.M. KLAMATH				
	÷ :					
15 Name and	address of a RECORD OWN	IER of above-described real estate			·	
(if Debtor	does not have a record intere	st):				
ERICK	MOCKRIDGE					
			17. Check only if applicable			<del></del>
			Debtor is a Trust or		ect to property held in tr	ust or Decedent's Esta
			18. Check only if applicable			
			Debtor is a TRANSMITTI			vogra.
				a Manufactured-Home Tra		yeais
			Filed in connection with	a Public-Finance Transacti	on — enective 30 years	

FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 07/29/98)