

2006-020911

Klamath County, Oregon



00006556200600209110020020

10/18/2006 10:49:23 AM

Fee: \$26.00

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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	

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					
OR	1b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
	MOCKRIDGE	ERIC			
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
34106 MCCARTIE LN		BONANZA	OR	97623	USA
1d. TAX ID #:	SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, if any
					<input type="checkbox"/> 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	FIRST NAME	MIDDLE NAME	SUFFIX	
	MOCKRIDGE	BARBARA			
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
34106 MCCARTIE LN		BONANZA	OR	97623	USA
2d. TAX ID #:	SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any
					<input type="checkbox"/> 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					
OR	3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX	
	DIVERSIFIED FINANCIAL SERVICES, LLC				
3c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
14010 FIRST NATIONAL BANK PARKWAY #205		OMAHA	NE	68154	

4. This FINANCING STATEMENT covers the following collateral:

1-NEW 2006 MODEL 8000 VALLEY PIVOT 759' 4T; 1-NEW 2006 MODEL 8000 VALLEY PIVOT 1171' 5T W/271' 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):	<input type="checkbox"/> LESSEE/LESSOR	<input type="checkbox"/> CONSIGNEE/CONSIGNOR	<input type="checkbox"/> BAILEE/BAILOR	<input type="checkbox"/> SELLER/BUYER	<input type="checkbox"/> AG. LIEN	<input type="checkbox"/> NON-UCC FILING
6. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) [optional]		<input type="checkbox"/> All Debtors	<input type="checkbox"/> Debtor 1	<input type="checkbox"/> Debtor 2	
8. OPTIONAL FILER REFERENCE DATA						
#135531-001 J.W. KERNS, INC.						

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

OR	9a. ORGANIZATION'S NAME		
	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX
	MOCKRIDGE	ERIC	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

11a. ORGANIZATION'S NAME MOCKRIDGE FARMS				
OR 11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
11c. MAILING ADDRESS 34106 MCCARTIE LN		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 UNINCORPORATED	11f. JURISDICTION OF ORGANIZATION OREGON	11g. ORGANIZATIONAL ID #, if any <input checked="checked" type="checkbox"/> NONE

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

SE 1/4 AND N 1/2 OF SW 1/4 AND SE 1/4 OF SW
1/4 SEC. 11 T-39S R-11E, W.M. KLAMATH
COUNTY, OR

ERICK MOCKRIDGE

Filed in connection with a Public-Finance Transaction — effective 30 years