**UCC FINANCING STATEMENT** 

## 2006-023511 Klamath County, Oregon

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11/24/2006 11:41:27 AM

Fee: \$26.00

FOLLOW INSTRUCTIONS (front and back) CAREFULLY	
A. NAME & PHONE OF CONTACT AT FILER [optional]	
NORA FOCHT (800) 648-8026	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	
Г	
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 SUFFIX MIDDLE NAME OR 1b. INDIVIDUAL'S LAST NAME FIRST NAME JOHN NORTHCUTT POSTAL CODE COUNTRY CITY 1c. MAILING ADDRESS 97623 **BONANZA** OR **USA** 6521 E. LANGELL VALLEY RD. ANIZATIONAL ID#, if any 1f. JURISDICTION OF ORGANIZATION 1g. O ADD'L INFO RE 1e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR 1d. TAX ID #: SSN OR EIN 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 SUFFIX FIRST NAME MIDDLE NAME OR 2b. INDIVIDUAL'S LAST NAME CAROLYN NORTHCUTT STATE POSTAL CODE COUNTRY 2c. MAILING ADDRESS OR 97623 USA 6521 E. LANGELL VALLEY RD. **BONANZA** 2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID#, if any ADD'L INFO RE | 2e. TYPE OF ORGANIZATION 2d. TAX ID #: SSN OR EIN ORGANIZATION DEBTOR NON 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 SUFFIX FIRST NAME MIDDLE NAME 3b. INDIVIDUAL'S LAST NAME COUNTRY POSTAL CODE STATE 3c MAILING ADDRESS 68154 NE. USA **OMAHA** 14010 FIRST NATIONAL BANK PARKWAY, 205

4. This FINANCING STATEMENT covers the following collateral:

1-NEW 2006 MODEL 8000 VALLEY PIVOT 2182' 12-TOWER 60 HP SHORTSET TURBINE PUMP, PANEL, SUMP, FILTER 533' 12" 100 PSI PVC, FLOW METER, MISC. VALVES & FITTINGS

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR	DAILLE DAILOR OLGENIUS	S. LIEN NON-UCC FILING
6. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL 7. Check to RE 1/4DDITIONAL FIFTH (ADDITIONAL PROPERTY OF THE RECORDS. Attach Addendum 1/4DDITIONAL PROPERTY OF THE RECORDS.	EQUEST SEARCH REPORT(S) on Debtor(s) ALI FEE] [optional] All De	ebtors Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA		
#134794-001		

LLOW INSTRUCTIONS (front and NAME OF FIRST DEBTOR (1a or	r 1b) ON RELATED FINANCING STAT	TEMENT			
9a. ORGANIZATION'S NAME					
R	FIRST NAME	MIDDLE NAME,SUFFIX			
9b. INDIVIDUAL'S LAST NAME	JOHN				
NORTHCUTT	JOHN				
MISCELLANEOUS:					
			THE ABOVE SPACE	IS FOR FILING OFFI	CE USE ONLY
ADDITIONAL DEBTOR'S EXAC	CT FULL LEGAL NAME - insert only one n	name (11a or 11b) - do not abbreviate	or combine names		
11a. ORGANIZATION'S NAME					
					Teueery
R 11b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
				Incore cons	COUNTRY
1c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COONTRI
		W SIGNICTION OF ADDAMES	ATION 110 OP	SANIZATIONAL ID#, if a	nv
d. TAX ID #: SSN OR EIN ADD'L INI ORGANIZ	FO RE 11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZ	THON IT IS	DANIER HOW IE TO #, III o	, <b>П</b> мо
DEBTOR					INC
2. ADDITIONAL SECURED P.	ARTY'S or ASSIGNOR S/P'S	NAME - insert only one name (12	a or 12b)		
12a. ORGANIZATION'S NAME					
R 406 INDRADUAL'S LAST NAME		FIRST NAME	MIDDLE	NAME	SUFFIX
12b. INDIVIDUAL'S LAST NAME		THO IN WILL			
2c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
2C. MAILING ADDRESS					
3. This FINANCING STATEMENT cover	s timber to be cut or as-extracted	16. Additional collateral description	on:		
collateral, or is filed as a / fixture	· 니 - 니				
4. Description of real estate:	9				
SECTION 20 T-39S R-12	PE TAX LOT 600				
KLAMATH COUNTY, C					
KLAMATH COUNTY,	<b>A</b>				
		1			
Name and address of a RECORD Of	NNER of above-described real estate				
(if Debtor does not have a record inte	NNER of above-described real estate rest):				
15. Name and address of a RECORD Of (if Debtor does not have a record inte JOHN NORTHCUTT	WNER of above-described real estate rest):				
(if Debtor does not have a record inte	WNER of above-described real estate rest):	17. Check <u>only</u> if applicable and	check <u>only</u> one box.		
(if Debtor does not have a record inte	WNER of above-described real estate arest):	Debtor is a Trust or Tr	ustee acting with respect to	property held in trust o	r Decedent's Es
(if Debtor does not have a record inte	WNER of above-described real estate rest):	Debtor is a Trust or Trust 18. Check only if applicable and	ustee acting with respect to check only one box.	property held in trust o	r Decedent's Es
(if Debtor does not have a record inte	WNER of above-described real estate rest):	Debtor is a Trust or Tr  18. Check only if applicable and Debtor is a TRANSMITTING	ustee acting with respect to check <u>only</u> one box. UTILITY		Decedent's Es
•	WNER of above-described real estate rest):	Debtor is a Trust or Trust 18. Check only if applicable and	ustee acting with respect to check <u>only</u> one box. UTILITY anufactured-Home Transacti	on — effective 30 years	r Decedent's Ex

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