	<b>2007-0</b> Klamath		Oregon	
	0001982	12007000	65740020025	
C FINANCING STATEMENT LOW INSTRUCTIONS (front and back) CAREFULLY JAME & PHONE OF CONTACT AT FILER [optional] ACKIE GLAWE 402-462-4129 EXT 225 SEND ACKNOWLEDGMENT TO: (Name and Address)  T-L CREDIT COMPANY P.O. BOX 1386 HASTINGS, NE 68902	04/10/2007			Fee: \$26.6
DEBTOR'S EXACT FULL LEGAL NAME - insertionly one debtor name (1a or 1b) - c		ACE IS FOR	FILING OFFICE USE	ONLI
1a. ORGANIZATION'S NAME				
1b. INDIVIDUAL'SLASTNAME	FIRST NAME	MIDDLE NA	ME	SUFFIX
GEANEY	JEREMIAH CITY	J STATE F	POSTAL CODE	COUNTRY
MAILING ADDRESS	KLAMATH FALLS	OR	97603	USA
8233 CHIN ROAD SEEINSTRUCTIONS ADD'L INFO RE 11e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGAN	IIZATIONAL ID#, if any	
60-66-4973 ORGANIZATION 'DEBTOR	(2 - 21) de set abbreviete et combin	names		NONE
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one de [2a, ORGANIZATION'S NAME]	ebtor name (Za or Zb) - do not appreviate or complete	, Harroo		
	IFIRST NAME	MIDDLE NA	AME	SUFFIX
2b. INDIVIDUAL'S LAST NAME	SUSAN	F		
GEANEY MAILING ADDRESS	CITY		POSTAL CODE	COUNTRY
8233 CHIN ROAD SEE INSTRUCTIONS   ADD'L INFO RE   2e. TYPE OF ORGANIZATION	KLAMATH FALLS  2f. JURISDICTION OF ORGANIZATION	OR 2g, ORGAI	97603 NIZATIONAL ID#, if any	USA
ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR				NON
SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P	P) - insert only <u>one</u> secured party name (3a or 3b)			
3a. ORGANIZATION'S NAME T-L CREDIT COMPANY, A DIVISION C	OF T-L IRRIGATION CO	MPANY		
B 3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE N	IAME	SUFFIX
20070	СПУ	STATE	POSTAL CODE	COUNTRY
D. MAILING ADDRESS P.O. BOX 1386	HASTINGS	NE	68902	USA

FILING OFFICE COPY — UCC FINANCING STATEMENT (FORM UCC+) (REV. 05/22/02)

SUSAN F. GEANEY BY:

International Association of Commercial Administrators (IACA)

a. ORGANIZATION'S NAM	DR (1a or 1b) ON E	RELATED FINANCING STA	( ) LIVILINI				
			MIDDLE NAME, SUFFIX				
b, INDIVIDUAL'S LAST NA	ME	JEREMIAH	J				
GEANEY  ISCELLANEOUS:		JEREMIAII	9				
					Name and Address of the Owner, where the Owner, which is the Owner,	FOR FILING OFFI	CE USE ONLY
ADDITIONAL DEBTOR	R'S EXACT FULL	LEGAL NAME - insert only one	name (11a or 11b) - do not abbrevi	ate or combine na	ames		
11a. ORGANIZATION'S NA	ME						
11b. INDIVIDUAL'S LAST I	NAME		FIRST NAME		MIDDLE NAME		SUFFIX
THE RADIAIDONE & EVOL.					STATE	POSTAL CODE	COUNTRY
MAILING ADDRESS			CITY				
SEEINSTRUCTIONS	ADD'L INFO RE	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGAN	NIZATION	11g. ORG	ANIZATIONAL ID #, if	anyN
	DEBTOR	A TANCIONOR S/P	'S NAME - insert only <u>one</u> name	(12a or 12b)			
ADDITIONAL SEC	URED PARTY	S or   ASSIGNOR S/F	3 MAINE - HISERCOMY ONE HARMS				
			FIRST NAME		MIDDLE	NAME	SUFFIX
12b. INDIVIDUAL'S LAST	NAME		FIRST NAME		141100000		
12b. INDIVIDUAL'S LAST	NAME		CITY		STATE	POSTAL CODE	COUNTRY
This FINANCING STATE! collateral, or is filed as a Description of real estate W 1/4 AND NW F SECTION 33	MENT covers to the filling.  If the filling.  1/4 OF SECTOM	mber to be cut or as-extracte	CITY ad 16. Additional collateral descri	ription:			COUNTRY
MAILING ADDRESS  This FINANCING STATE! collateral, or is filed as a Description of real estate  W 1/4 AND NW	MENT covers to the filling.  If fixture filling.  1/4 OF SECTOSE-R10E  NTY, OR		CITY ad 16. Additional collateral descri	ription:			COUNTRY
MAILING ADDRESS  This FINANCING STATER collateral, or is filed as a Description of real estate W 1/4 AND NW F SECTION 33 TLAMATH COU	MENT covers to the filling.  If fixture filling.  1/4 OF SECTOSE-R10E  NTY, OR		CITY ad 16. Additional collateral descri	ription:			COUNTRY
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This FINANCING STATER collateral, or is filed as a Description of real estate W 1/4 AND NW OF SECTION 33 LAMATH COU	MENT covers to the filter of t	ΓΙΟΝ 28 AND NW 1/4	CITY  ad 16. Additional collateral description		STATE		COUNTRY
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MAILING ADDRESS  This FINANCING STATE! collateral, or is filed as a Description of real estate W 1/4 AND NW P SECTION 33 LAMATH COU	MENT covers to the filter of t	ΓΙΟΝ 28 AND NW 1/4	17. Check only if applicable Debtor is a Trust or 18. Check only if applicable	and check <u>only</u> of Trustee acting and check <u>only</u> of Till ITY a Manufactured-	STATE  STATE  STATE  STATE	property held in trust	or ☐ Decedent's