## UCC FINANCING STATEMENT

## 2009-011314 Klamath County, Oregon

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10071498200900113140020020 FOLLOW INSTRUCTIONS (front and back) CAREFULLY 08/24/2009 10:06:55 AM Fee: \$26.00 A. NAME & PHONE OF CONTACT AT FILER (optional) 800-648-8026 B. SEND ACKNOWLEDGMENT TO: (Name and Address) DIVERSIFIED FINANCIAL SERVICES, LLC 14010 FIRST NATIONAL BANK PKWY **STE 400 OMAHA, NE 68154** P6 000 861 9 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S EXACT FULL LEGAL NAME -insert only one debtor name (1a or b) -do not abbreviate or combine names 1a. ORGANIZATION'S NAME YACOOBIAN RANCH, LLC OR 16 INDIVIDUAL SLAST NAME FIRST NAME MIDDLE NAME SUFFIX 1c. MAILING ADDRESS STATE POSTAL CODE COUNTRY 21515 ROSCOE BLVD CANOGA PARK ÇA 91304 10. SEEINSTRUCTIONS ADD'L INFO RE 16. TYPE OF ORGANIZATION 1f. JURISDICTION OF ORGANIZATION 1g. ORGANIZA'TIONAL ID#, if any ORGANIZATION I LIMITED LIABILITY COMPANY DEBTOR OREGON 296838-93 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names XINONE 2a. ORGANIZATION'S NAME LUCKY Y RANCH 2b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 2c. MAILING ADDRESS STATE POSTAL CODE COUNTRY 21515 ROSCOE BLVD CANOGA PARK CA 91304 2d. SEEINSTRUCTIONS ADD'L INFO RE 29. TYPE OF ORGANIZATION 2f JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID#, if any ORGANIZATION UNINCORPORATED DEBTOR OREGON 3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3s or 3b) 3a. ORGANIZATION'S NAME DIVERSIFIED FINANCIAL SERVICES, LLC 36. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX 3c. MAILING ADDRESS CITY POSTAL CODE STATE COUNTRY 14010 FIRST NATIONAL BANK PKWY STE 400 **OMAHA** NE 68154 4. This FINANCING STATEMENT covers the following collateral:

1 NEW 2009 MODEL 8000 VALLEY PIVOT 1200' W/ 287' PRECISION CORNER ARM, HIGH FLOAT TIRES, 18 BOOMBACKS, 1 3

1940' 10" PVC, 2040' 4 #2 AL W/ 2 #12 CU IN PVC DUCT, MISC. FITTINGS

1 NEW GOULDS 12 CHC 3 STAGE PUMP COLUMN & HEAD, CHECK VALVE, MCCROMETER FLOW METER, MISC. PUMP VALVES

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN  6. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN  7. Check to REQUEST SEARCH REPORT(S) on Debtor(s)  8. OPTIONAL FILER REFERENCE DATA  All Debtors Deltors Debtors	NON-UCC FILING
0144830-002	

LLOW INSTRUCTION: NAME OF FIRST DEB		ON RELATED FINANCING STA	ATEMENT	4			
9a. ORGANIZATION'S N		**************************************		_			
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96 INDIVIDUAL'S LAST	NAME	FIRST NAME	MIDDLE NAME, SUFFI	×			
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116. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
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MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
SEEINSTRUCTIONS	ADD'L INFO RE ORGANIZATION	116. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORG	ANIZATION	11g. OR	SANIZATIONAL ID #, if any	
	DEBTOR		1				□ NO
ADDITIONAL SEC		'S or ASSIGNOR S/P'S	NAME - insert only one nam	e (12a or 12b)			
12a. ORGANIZATION'S N	AME						
126. INDIVIDUAL'S LAST	NAME	****					
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