2010-002200 Klamath County, Oregon

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	0007991720100002200002002
ICC FINANCING STATEMENT	
OH OW INSTRUCTIONS (front and back) CARELLIUV	02/11/2010 09:08:32 AM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY 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**

Fee: \$42.00

1. DEBTOR'S EXACTE	ULLLEGALNAME	-insert only one debtor name (1e or 1	THE ABOVE o) - do notabbreviate or combine names	SPACE IS FO	K FILING OFFICE US	EONLY	
1a. ORGANIZATION'S	VAME						
FLOWERS BRO							
OR 15:INDIVIDUAL'SLAST NAME			FIRST NAME	MIDDLE NAME		SUFFIX	
1c. MAILING ADDRESS P.O. BOX 224	, rama	70-117	CITY MIDLAND	STATE POSTAL CODE COU OR 97634		CÖUNTRY	
1d. SEEINSTRUCTIONS	ADD'L INFO RE	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORG.	ANIZATIONAL ID #, if any	1	
	ORGANIZATION DEBTOR	CORPORATION	OREGON	09975	57-15	□NONE	
OR 25. INDIVIDUAL'S LAST	NAME		debtor name (2a or 2b) - do not abbreviate or comb	MIDDLE	NAME	SUFFIX	
00	NAME				NAME POSTAL CODE	SUFFIX:	
OR 2b. INDIVIDUAL'S LAST	NAME ADD'L INFO RE	26. TYPE OF ORGANIZATION	FIRST NAME	MIDDLE			
OR 2b. INDIVIDUAL'S LAST 2c. MAILING ADDRESS 2d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	26. TYPE OF ORGANIZATION	FIRST NAME CITY 21 JURISDICTION OF ORGANIZATION	MIDDLE	POSTAL CODE	COUNTRY	
OR 2b. INDIVIDUAL'S LAST 2c. MAILING ADDRESS 2d. SEEINSTRUCTIONS 3. SECURED PARTY S 3a. ORGANIZATION'S N DIVERSIFIED FII	ADD'L INFO RE ORGANIZATION DEBTOR S NAME (GINAME OF IAME	26. TYPE OF ORGANIZATION OTALASSIGNEE ASSIGNOR SA	FIRST NAME	MIDDLE	POSTAL CODE		
OR 2b. INDIVIDUAL'S LAST 2c. MAILING ADDRESS 2d. SEEINSTRUCTIONS 3. SECURED PARTY'S 3a. ORGANIZATION'S N DIVERSIFIED FILE	ADD'L INFO RE ORGANIZATION DEBTOR S NAME (GINAME OF IAME	26. TYPE OF ORGANIZATION OTALASSIGNEE ASSIGNOR SA	FIRST NAME CITY 21 JURISDICTION OF ORGANIZATION	MIDDLE	POSTAL CODE ANIZATIONAL ID #, if any	COUNTRY	
26. MAILING ADDRESS 2d. SEEINSTRUCTIONS 3. SECURED PARTY S 3a. ORGANIZATIONS N DIVERSIFIED FII	ADD'L INFO RE ORGANIZATION DEBTOR S NAME (GINAME OF IAME	26. TYPE OF ORGANIZATION OTALASSIGNEE ASSIGNOR SA	FIRST NAME CITY 21. JURISDICTION OF ORGANIZATION P)-insert only one secured party name (3a or 3b)	STATE 2g. ORG	POSTAL CODE ANIZATIONAL ID #, if any	COUNTRY	

			•
5. ALTERNATIVE DESIGNATION (if applicable): LESSEE/LESSOR CONSIGNEE	CONSIGNOR BAILEE/BAILOR	SELLER/BUYER	AG. LIEN NON-UCC FILIN
6. X This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Affach Addendum [ff applicable]	 Check to REQUEST SEARCH REPORT ADDITIONAL FEE! 	RT(S) on Debtor(s)	All Debtors Debtor 1 Debtor
8, OPTIONAL FILER REFERENCE DATA			
0166744-001			

1 NEW 2010 VALLEY MODEL 5000 CENTER PIVOT 849' 4T WITH 38' OH AND CLASSIC PLUS PANEL

			ENT ADDENDUM	l]			
FO	LLOW INSTRUCTION	S (front and back)	CAREFULLY ON RELATED FINANCING ST		4			
₹.	9a ORGANIZATION'S N		ATEMENT					
	FLOWERS BROS	., INC.			1			
OR	96 INDIVIDUAL'S LAST		FIRST NAME	MIDDLE NAME, SUFFD	<u> </u>			
10	MISCELLANEOUS:							
.11	ADDITIONIAL DERTO	D'S EVACT ELLE			THE ABOV	E SPACE	IS FOR FILING OFFICE	USE ONLY
	TIA. ORGANIZATIONS	IAME	LEGAL NAME - insert only one	name (11a or 11b) - do not abbrev	riate or combine nam	165		
OR	11b. INDIVIDUAL'S LAST	NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
11c.	MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
11d.	SEEINSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGA	NIZATION	11g. OR	CANIZATIONAL ID#, if any	<u> </u>
12.	ADDITIONAL SEC 12a. ORGANIZATION'S N	URED PARTY'S	3 or ASSIGNOR S/P'S	NAME - insert only one name	(12a or 12b)		7.0	NONE
OR	12b. INDIVIDUAL'S LAST	NIANJE						
	TAD. ING/VIDOAL S CAST	IVAME		FIRST NAME		MIDDLE	NAME	SUFFIX
12c.	MAILING ADDRESS	***************************************	7111	CITY	44.0	STATE	POSTAL CODE	COUNTRY
i	This FINANCING STATEM collateral, or is filed as a Description of real estate:	tixture filling.	ber to be cut or as-extracted	16. Additional collateral descri	ption;			
SE	C. 27 T-40S R-8E, k	LAMATH COUN	ITY, OR					
15. (Name and address of a RE (if Dobtor does not have a	ECORD OWNER of all	bove-described real estate					
	WERS BROS., INC							
				17. Check only if applicable and	check <u>only</u> one box	í.		
				Debtoris a Trust or Ti			perty held in trust. or D	ecedent's Estate
				18. Check only if applicable and	check only one box	í.		
				Debtor is a TRANSMITTING				
				Debtor is a TRANSMITTING Filed in connection with a N Filed in connection with a P	lanufactured-Home 1			