## UCC FINANCING STATEMENT

A. NAME & PHONE OF CONTACT AT FILER [optional]

CT Lien Solutions

B. SEND ACKNOWLEDGEMENT TO: (Name and Address)

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

Phone: (800) 331-3282 Fax: (818) 662-4141

**2010-009235** Klamath County, Oregon

0000033500300	

08/05/2010 08:55:05 AM

Fee: \$42.00

	P.O. Box 29071  Glendale, CA 91209-9071	OROR FIXTUR CC OR Klamath, OR	RE _		or 10 cop cr		
		<u>'</u>	la as th\ do not			LING OFFICE USE ONLY	
	EBTOR'S EXACT FULL LEGAL NAME - 18. ORGANIZATION'S NAME	insert only <u>one</u> debtor name (1	ia or ib) - do noc	appreviate or compilie har	iles .		
DR	1b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
	Fox		Gregory		T		ŀ
	AILING ADDRESS 2 Dorris Brownell Rd		CITY Dorris		STATE	POSTAL CODE 96023	COUNTRY
1d. <u>S</u>	EE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	1f. JURISDIČTI	ON OF ORGANIZATION	1g. ORG	ANIZATIONAL ID #, if any	NONE
2. A[	DDITIONAL DEBTOR'S EXACT FULL L	EGAL NAME - insert only one of	lebtor name (2a	or 2b) - do not abbreviate o	r combine r	ames	
	2a. ORGANIZATION'S NAME						
DR	2b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
2c. M	AILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
	EE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR	29. TYPE OF ORGANIZATION		ON OF ORGANIZATION		ANIZATIONAL ID #, if any	NONE
3. SE	CURED PARTY'S NAME (or NAME of	TOTAL ASSIGNEE of ASSIGN	OR S/P) - insert	only <u>one</u> secured party nar	ne (3a or 3b	)	
	3a ORGANIZATION'S NAME FARM CREDIT SERVICES O	F AMERICA, PCA					
OR	3b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
	AILING ADDRESS BOX 2409		OMAHA		STATE NE	POSTAL CODE 68103	COUNTRY
4. Thi	is FINANCING STATEMENT covers the following	ng collateral:				<del>-</del>	•

14060 FARM CREDIT SE

24683421

	ESSEE/LESSOR CONSIGNEE/CONSIGN	NOR BAILEE/BAILOR SEL	LER/BUYER	AG. LIEN NON-UCC FILING
6. X This FINANCING STATEMENT is to be filed [for	or record] (or recorded) in the REAL 7. Check [if applicable] [ADDI	to REQUEST SEARCH REPORT(S) on I TIONAL FEET Coptions	·· I IAIL	Debtor 1 Debtor 2
8. OPTIONAL FILER REFERENCE DATA				
24683421	151210880	267		

Zimmatic Center Pivot Center Pivot: 1-6 Towers LA9410

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OLLOW INSTRUCTIONS (front and bac NAME OF FIRST DEBTOR (1a or 1b)		MENT				
9a. ORGANIZATION'S NAME					i	
95. INDIVIDUAL'S LAST NAME FOX	FIRST NAME Gregory	MIDDLE NAME, SUFFIX				
10. MISCELLANEOUS						
24683421-OR-35			· •			
14060 FARM CREDIT SE						
File with: CC OR Klamath, OR267	1512	210880	THE ABOVE SE	PACE IS FO	R FILING OFFICE USE	ONLY
11. ADDITIONAL DEBTOR'S EXACT FU	LL LEGAL NAME - insert only one	name (11a or 11b) - do not	abbreviate or comb	ine name:	3	
11a. ORGANIZATION'S NAME						
11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
11c. MAILING ADDRESS		СПҮ		STATE	POSTAL CODE	COUNTRY
11d. <u>SEE INSTRUCTION</u> ADD'L INFO R ORGANIZATIO DEBTOR		11f. JURISDICTION OF ORG	GANIZATION	11ġ. OF	RGANIZATIONAL ID#, i	f any
12. X ADDITIONAL SECURED PART	VIC OF ASSIGNOR S/PIO	l NAME - insert only <u>one</u> nam	e (12a or 12b)			
12a. ORGANIZATION'S NAME Klamath Pump Center Inc		TANKE - INSCREONING MAIN	0 (120 01 120)			
12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
12c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
4000 Hwy 39	<u></u>	Klamath Falls		OR	97603	
13. This FINANCING STATEMENT covers collateral or is filed as a X fixture filing	timber to be cut or as-extracted	16. Additional collateral des	ecription:			
14. Description of real estate:						
Description: NW1/4NW1/4 Sec 9E.Parcel#R92063 Klamath Co Owner: Gregory T Fox	4 Twp 40S Rg ounty, OR Real Estate					
owner. Gregory 7. ox						
·						
<ol> <li>Name and address of a RECORD OWNER ( if Debtor does not have a record interest)</li> </ol>						
		17. Check only if applicable				
		Debtor is a Trust or			perty held in trust or	Decedent's Esta
		18. Check only if applicable		х.		
		Debtor is a TRANSMIT Filed in connection with		Transactio	n,	
· ·		Filed in connection with	a Public-Finance Tran	saction		