## **UCC FINANCING STATEMENT**

800-648-8026

STE 400

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

B, SEND ACKNOWLEDGMENT TO: (Name and Address)

DIVERSIFIED FINANCIAL SERVICES, LLC 14010 FIRST NATIONAL BANK PKWY

A. NAME & PHONE OF CONTACT AT FILER (optional)

2012-004491 Klamath County, Oregon

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DEDTO DIO TVI TUE	12 (504) 41445			SPACE IS PO	K PILING OFFICE USE	ONLY
DEBTOR SEXACTFU		insert only <u>one</u> debtor name (1a or 1b) -	do not appreviate or compine names			
TALLY HO FARM						
TALL THE TALL THE			FIRSTNAME	MIDDLE	NAME	SUFFIX
(D. WOLVIDOXE OD SOTT	17 1171 <u>11</u> -					
MAILING ADDRESS			CITY:	STATE	POSTAL CODE	COUNTRY
P.O. BOX 830			MERILL	OR	97633	Sociality
SEEINSTRUCTIONS	ADD'L INFO'RE ORGANIZATION	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGANIZATION OREGON	ing. ORG	ANIZATIONAL ID#, if any	_
	DEBTOR	GENERAL PARTNERSHIP	OREGON	1		Хио
2a. ORGANIZATION'S N	AME	LEGAL NAME - insert only one de	btor name (2a or 2b) - do not abbreviate or com			
	AME	LEGAL NAME - insert only one de	FIRST NAME WILLIAM	MIDDLE		SUFFIX
2a. ORGANIZATION'S N  OR 2b. INDIVIDUAL'S LAST  WALKER	AME	LEGAL NAME - insert only one de	FIRST NAME WILLIAM CITY		NAME POSTAL CODE	SUFFIX
2a. ORGANIZATION'S N OR 2b. INDIVIDUAL'S LAST	AME	LEGAL NAME - insert only one de	FIRST NAME WILLIAM	MIDDLE		
2a. ORGANIZATION'S N  2b. INDIVIDUAL'S LAST  WALKER  5. MAILING ADDRESS  P.O. BOX 830	AME  NAME    ADD'LINFO RE	LEGAL NAME insert only one de	FIRST NAME WILLIAM CITY	MIDDLE STATE OR	POSTAL CODE	
2a. ORGANIZATION'S N  2b. INDIVIDUAL'S LAST  WALKER  c. MAILING ADDRESS	AME NAME		FIRST NAME WILLIAM CITY MERRILL	MIDDLE STATE OR	POSTAL CODE 97633	COUNTRY
2a. ORGANIZATION'S N  2b. INDIVIDUAL'S LAST WALKER  c. MAILING ADDRESS P.O. BOX 830  d. SEEINSTRUCTIONS	AME  NAME  ADD'L INFO RE  ORGANIZATION  DEBTOR	2e. TYPE OF ORGANIZATION GENERAL PARTNERSHIP	FIRST NAME WILLIAM CITY MERRILL 21. JURISDICTION OF ORGANIZATION	MIDDLE STATE OR	POSTAL CODE 97633	
2a. ORGANIZATION'S N  2b. INDIVIDUAL'S LAST WALKER  c. MAILING ADDRESS P.O. BOX 830  d. SEEINSTRUCTIONS	AME  NAME  ADD'L INFO RE  ORGANIZATION  DEBTOR  NAME of NAME of NAME of NAME	2e. TYPE OF ORGANIZATION GENERAL PARTNERSHIP	FIRST NAME WILLIAM CITY MERRILL	MIDDLE STATE OR	POSTAL CODE 97633	COUNTRY
2a. ORGANIZATION'S N  2b. INDIVIDUAL'S LAST WALKER  c. MAILING ADDRESS P.O. BOX 830 d. SEEINSTRUCTIONS  SECURED PARTY'S 3a. ORGANIZATION'S N DIVERSIFIED FIN	AME  ADD'L INFO RE  ORGANIZATION DEBTOR  NAME OF NAME OF LAME	26. TYPE OF ORGANIZATION GENERAL PARTNERSHIP TOTAL ASSIGNEE of ASSIGNOR 5/P	FIRST NAME WILLIAM CITY MERRILL 21. JURISDICTION OF ORGANIZATION	MIDDLE STATE OR	POSTAL CODE 97633	COUNTRY
2a. ORGANIZATION'S N R 2b. INDIVIDUAL'S LAST WALKER 2. MAILING ADDRESS P.O. BOX 830 H. SEEINSTRUCTIONS SECURED PARTY'S 3a. ORGANIZATION'S N DIVERSIFIED FIN	AME  ADD'LINFO RE ORGANIZATION DEBTOR  NAME (or NAME of I	26. TYPE OF ORGANIZATION GENERAL PARTNERSHIP TOTAL ASSIGNEE of ASSIGNOR 5/P	FIRST NAME WILLIAM CITY MERRILL 21. JURISDICTION OF ORGANIZATION	MIDDLE STATE OR	POSTAL CODE 97633 ANIZATIONAL ID#, if any	COUNTRY
2a. ORGANIZATION'S N  2b. INDIVIDUAL'S LAST WALKER  c. MAILING ADDRESS P.O. BOX 830 d. SEEINSTRUCTIONS  SECURED PARTY'S 3a. ORGANIZATION'S N DIVERSIFIED FIN	AME  ADD'LINFO RE ORGANIZATION DEBTOR  NAME (or NAME of I	26. TYPE OF ORGANIZATION GENERAL PARTNERSHIP TOTAL ASSIGNEE of ASSIGNOR 5/P	FIRST NAME WILLIAM CITY MERRILL 2f. JURISDICTION OF ORGANIZATION  -insertionly one secured party name (3a or 3b)	STATE OR 29. ORG	POSTAL CODE 97633 ANIZATIONAL ID#, if any	COUNTRY

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILO	SELLER/BUYER	AG, LIEN NON-UCC FILING
6. Inits FINANCING STATEMENT is to be filed (for record) (or recorded) in the REAL 7. Check to REQUEST SEARCH RESTATE RECORDS. Attach Addendum iff applicable IADDITIONAL FEET	EPORT(S) on Debtor(s) [optional]	All Debtors Debtor 1 Debtor 2
8, OPTIONAL FILER REFERENCE DATA		
0175251-003		

1 NEW 2012 MODEL 8000 VALLEY PIVOT 8-TOWER 1302'

NEW 420' 10" PVC, 580' WIRE, MISC VALVES AND FITTINGS

IAME OF FIRST DEBT	(front and back) CA OR (1a or 1b) ON F	RELATED FINANCING STAT	EMENT					
9a ORGANIZATION'S NAM								
TALLY HO FARMS								
9b. INDIVIDUAL'S LAST N	AME	FIRST NAME	MIDDLE NAME, SUFFIX					
VISCELLANEOUS:								
						S FOR FILING OFFIC	E USE ON	LY
ADDITIONAL DEBTO		EGAL NAME - insert only <u>one</u> na	ame (11a or 11b) - do not abbrevi	iate or combine names	·		,	
TIE, ORGANIZATION S.NA	VIME.							
11b. INDIVIDUAL'S LAST I	NAME		FIRST NAME		MIDDLE!	NAME	SUFFI	ΙX
WALKER	W WILL		JOHN					
MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUN	ITR
D. BOX 830			MERRILL		OR	97633		
SEEINSTRUCTIONS	ADDIL INFO RE 11	19. TYPE OF ORGANIZATION	11f, JURISDICTION OF ORGAI	NIZATION	11g. ORG	 GANIZATIONAL ID #, if ar	ny	
<u></u>	ORGANIZATION DEBTOR		1	'	To the control of the			
T-1		T ADDIONOR OFFICE	ALANATE I A A					
ADDITIONAL SEC	UKED PARTY S	or ASSIGNOR S/P'S	NAME - insert only one name	(12a or-12b)				
12a, ORGANIZATION'S N.	AME							
12b, INDIVIDUAL'S LAST	NAME	<u> </u>	FIRST NAME		MIDDLE	NAME	SUFF	IX
125, INDIVIDUAL'S LAST	NAME		FIRS! NAME		MIDDLE	LIGINE	3077	174
, MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUN	ITR'
Marino Applicad								
This FINANCING STATEM	AENT covers timb	er to be cut or as-extracted	16. Additional collateral descr	intion:			ļ	_
collateral, or is filed as a		Дазына	10.710	4				
Description of real estate:								
		ND.						
E EXHIBIT A, KLAM	IATH COUNTY, C	ж						
	LEGORD SWAFFS of all							
Name and address of a R (if Debtor does not have a		owe-described real estate						
(if Debtor does not have a		ove-described real estate						
(if Debtor does not have a		ove-described real estate	17 Oberline is a West	and about one for				
(if Debtor does not have a		ove-described real estate	17. Check only if applicable a					
(if Debtor does not have a		ovve-described real estate	Debtor is a Trust or	Trustee acting with re	spect to p	property held in trust or	Deceden	it's
(if Debtor does not have a		owe-described real estate	Debtor is a Trust or 18. Check only if applicable a	Trustee acting with re and check only one box	spect to p	property held in trust or	Deceden	it's
(if Debtor does not have a		ove-described real estate	Debtor is a Trust or 18. Check only if applicable a Debtor is a TRANSMITTIN	Trustee acting with re and check <u>only</u> one box NG UTILITY	spect to p		Deceden	it's
i. Name and address of a R (if Debtor does not have a ILLIAM WALKER NE WALKER		etate lser beditsaeb-evo	Debtor is a Trust or 18. Check only if applicable a	Trustee acting with re and check <u>only</u> one box NG UTILITY	spect to p		Deceden	ıt's :

UCC FINANCING		NT ADDENDUM					
		N RELATED FINANCING STA	TEMENT				
9a. ORGANIZATION'S N				·			
TALLY HO FARM							
OR 9b. INDIVIDUAL'S LAST		FIRST NAME	MIDDLE NAME SUFFIX	1			
(B), 1140(4100) E 0 0 101	10 11112						
10. MISCELLANEOUS:	···		<u> </u>				
					PACE I	S FOR FILING OFFI	CE USE ONLY
		LEGAL NAME - insert only one	name (11a or 11b) - do not abbrev	riate or combine names			
11a, ORGANIZATION'S	NAME						
OR data INDIVIDUALISM AS			Telepop de la companya della companya de la companya de la companya della company		energi en la	4.4.5.50	SUFFIX
11b. INDIVIDUAL'S LAS WALKER	ST NAME		FIRST NAME WESTON	IMI	IDDLE I	NAME	SUFFIX
11c, MAILING ADDRESS P.O. BOX 830			CITY MERRILL		TATE OR	POSTAL CODE 97633	COUNTRY
11d SEEINSTRUCTIONS	ADD'L INFO.RE	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGA	NIZATION 11	g. ORC	 	iny
	ORGANIZATION DEBTOR	1					NON
12. ADDITIONAL SE	CURED PARTY	'S or ASSIGNOR S/P'S	NAME - insert only one name	e (12a or 12b)			
12a, ORGANIZATION'S	NAME						
25							
OR 12b. INDIVIDUAL'S LAS	ST NAME		FIRST NAME	M	IDDLE	NAME	SUFFIX
12c, MAILING ADDRESS			CITY	S	TATE	POSTAL CODE	COUNTRY
120. Walleting Ambridge							
13. This FINANCING STAT collateral, or is filed as 14. Description of real esta	a X fixture filing.	mber to be cut or as-extracted	16. Additional collateral desc	ription:		· <b>····</b>	
SEE EXHIBIT A, KLA	MATH COUNTY	, OR					
							•
15. Name and address of a		f above-described real estate					
WILLIAM WALKER							
JANE WALKER			17. Check <u>only</u> if applicable a	and check only one boy			0.7
UNIAT ANUTIVEL			Debtor is a Trust or	Trustee acting with resp	ect to p	property held in trust or	Decedent's Esta
			18. Check only if applicable	and check <u>only</u> one box.			
			Debtor is a TRANSMITTI				
				a Manufactured-Home Tra			
			Filed in connection with a	a Public-Finance Transact	tion e	effective 30 years	

OLLOW INSTRUCTIONS (front and back)					
NAME OF FIRST DEBTOR (1a or 1b) C	ON RELATED FINANCING STAT	TEMENT			
9a, ORGANIZATION'S NAME					
TALLY HO FARMS		MIDDLE NAME, SUFFIX			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX			
.MISCELLANEOUS:					
		İ			
				CE IS FOR FILING OFF	ICE USE ONLY
I. ADDITIONAL DEBTOR'S EXACT FUL	L LEGAL NAME - insert only one n	ame (11a or 11b) - do not abbrevi	ate or combine names		
11a. ORGANIZATION'S NAME					
R AND INDIVIDUAL ST. NAME			l. una	·	
110. INDIVIDUAL S LAST NAME		FIRST NAME	MIDE	DLE NAME	SUFFIX
HILL		TRICIA			
c. MAILING ADDRESS		СПУ	STAT		COUNTRY
P.O. BOX 830		MERRILL	OI		
d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGAN	IIZATION 11g.	ORGANIZATIONAL ID #, if	any
DEBTOR		<u> </u>			N
ADDITIONAL SECURED PARTY	′'S gr ASSIGNOR S/P'S	NAME - insert only one name	(12a or 12b)		
12a. ORGANIZATION'S NAME					
125, INDIVIDUAL'S LAST NAME		FIRST NAME	MIDI	DLE NAME	SUFFIX
2c. MAILING ADDRESS		CITY	STA	TE POSTAL CODE	COUNTRY
3. This FINANCING STATEMENT covers t	imber to be cut or as-extracted	16. Additional collateral descri	ption:		•
collateral, or is filed as a fixture filing.					
. Description of real estate		:			
SEE EXHIBIT A, KLAN	MATH COUNTY.				
OR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
OR					
5. Name and address of a RECORD OWNER of	of above-described real estate				
(if Debtor does not have a record interest):					
WILLIAM WALKER					
		47			
JAN WALKER		17. Check only if applicable at			1-3
			Trustee acting with respec	t to property held in trust	or Decedent's E
		Debtor is a Trust or 18. Check <u>only</u> if applicable a		t to property held in trust	or Decedent's E
			nd check	t to property held in trust	or Decedent's E
		18. Check <u>only</u> if applicable all Debtor is a TRANSMITTIN	nd check	t to property held in trust	or Decedent's Es

TAYLOR---

X New Y

122 acres of real property and improvements on it, legally described as Township 40 South, Range 12 East of the Willamette Meridian, Klamath County, Oregon, Section 32: SW½ SW½ the following described portion of the NW½ SW½; beginning at the Southeast corner of the NW½ of the SW½ of said Section 32; thence North, along the East boundary of the NW½ of the SW½ of said Section to a point 245.00 feet North of the High Line Canal of the Shasta View Irrigation District; thence West, parallel with the North boundary of the NW½ of the SW½ of said Section to the West boundary of said Section 32; thence South along said Section boundary to the Southwest corner of the NW½ of the SW½ of said Section 32; thence East, along the South boundary of the NW½ of the SW½ of said Section to the point of beginning, and SE½ SW½; SW½ SE½, less 12 acres off the North side of said SW½ SE½ being a strip of land 396 feet wide.