UCC FINANCING STATEMENT

800-648-8026

FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional]

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

2012-008263 Klamath County, Oregon

| 001218712012 | 200082630030036 | |
|--------------|-----------------|--|

07/30/2012 09:31:08 AM

Fee: \$47.00

| DIVERSIE | IED EINAÑCIAL | SERVICES, LLC | | | | |
|--|---|--|---|----------------------------|--|----------------|
| | ST NATIONAL | | 1 | | | |
| STE 400 | | -, | | | | |
| | NE 68154 | | | | | |
| | ¥4 | | | | | |
| · 1 | | | | | | |
| _ _ | *** | | THE ABOVE | SPACE IS FO | R FILING OFFICE US | EONLY |
| . DEBTOR'S EXACT | FULL LEGAL NAME | insertionly <u>one</u> debtor name (1a or 1b |) -do notabbreviate orcombine names | | | |
| 16 ORGANIZATION'S | NAME | | · | | | |
| JM AGRICULTI | | | | | | |
| 16.INDIVIDUAL'SLAS | TNAME | | FIRST NAME | | NAME | SUFFIX |
| | | | | | | |
| . MAILING ADDRESS | | | CITY | STATE | POSTAL CODE | COUNTRY |
| 5 Company of the Comp | | | BONANZA | OR | 97623 | |
| 5 CONTRACTOR OF THE STATE OF TH | 1 | | BONANZA | | 1 | |
| P.O. BOX 44 | | 1¢, TYPE OF ORGANIZATION | 11. JURISDICTION OF ORGANIZATION | 1g. ORG. | L ANIZATIONAL ID#, if any | I |
| P.O. BOX 44 | ORGANIZATION DEBTOR OR'S EXACT FULL | LIMITED LIABILITY COMPAN | 11. JURISDICTION OF ORGANIZATION | 81805 | • | |
| P.O. BOX 44 a. SEEINSTRUCTIONS R. ADDITIONAL DEBT | ORGANIZATION DEBTOR OR'S EXACT FULL NAME | LIMITED LIABILITY COMPAN | 11. JURISDICTION OF ORGANIZATION IY OREGON | 81805 | 57-99 | SUFFIX |
| P.O. BOX 44 a. SEEINSTRUCTIONS ADDITIONAL DEBT 2a. ORGANIZATIONS DR 2b. INDIVIDUAL'S LA | ORGANIZATION DEBTOR OR'S EXACT FULL NAME | LIMITED LIABILITY COMPAN | 11. JURISDICTION OF ORGANIZATION IY OREGON debtor name (2a or 2b) - do not abbreviate or comb | 81805 bine names | 57-99 | |
| P.O. BOX 44 D. SEEINSTRUCTIONS P. ADDITIONAL DEBT Tal ORGANIZATIONS | ORGANIZATION DEBTOR OR'S EXACT FULL NAME | LIMITED LIABILITY COMPAN | 11. JURISDICTION OF ORGANIZATION IY OREGON debtor name (2a or 2b) - do not abbreviate or comb | 81805 bine names | 57-99 | |
| P.O. BOX 44 a. SEEINSTRUCTIONS ADDITIONAL DEBT 2a. ORGANIZATIONS DR 2b. INDIVIDUAL'S LA | ORGANIZATION DEBTOR OR'S EXACT FULL NAME ST NAME | LIMITED LIABILITY COMPAN | 11. JURISDICTION OF ORGANIZATION IY OREGON debtor name (2a or 2b) - do not abbreviate or comb | 81805 MIDDLE STATE | 57-99 NAME | SUFFIX |
| C.O. BOX 44 D. SEEINSTRUCTIONS ADDITIONAL DEBT Za. ORGANIZATIONS DR. Zb. INDIVIDUAL'S LA DR. MAILING ADDRESS DR. SEEINSTRUCTIONS D. SECURED PARTY | ORGANIZATION DEBTOR OR'S EXACT FULL NAME ADD'L INFO RE ORGANIZATION DEBTOR 'S NAME (or NAME of | LIMITED LIABILITY COMPAN LEGAL NAME - insert only one | 11: JURISDICTION OF ORGANIZATION IY OREGON Sebtor name (2a or 2b) - do not abbreviate or comb FIRST NAME CITY | 81805 MIDDLE STATE | NAME POSTAL CODE | SUFFIX |
| 2.O. BOX 44 C. SEEINSTRUCTIONS C. ADDITIONAL DEBT 2a. ORGANIZATIONS C. MAILING ADDRESS C. SEEINSTRUCTIONS C. SECURED PARTY 3a. ORGANIZATIONS | ORGANIZATION DEBTOR OR'S EXACT FULL NAME ST NAME ADD'L INFO RE ORGANIZATION DEBTOR 'S NAME (OF NAME of NAME) | LIMITED LIABILITY COMPAN LEGAL NAME - insert only one 2e. TYPE OF ORGANIZATION TOTAL ASSIGNEE of ASSIGNOR SE | 11. JURISDICTION OF ORGANIZATION POPULATION PROPERTY PIRST NAME CITY 21. JURISDICTION OF ORGANIZATION | 81805 MIDDLE STATE | NAME POSTAL CODE | SUFFIX |
| 2.O. BOX 44 D. SEEINSTRUCTIONS ADDITIONAL DEBT 2a. ORGANIZATIONS 2b. INDIVIDUAL'S LA C. MAILING ADDRESS D. SEEINSTRUCTIONS SECURED PARTY 3a. ORGANIZATION'S DIVERSIFIED I | ORGANIZATION DEBTOR OR'S EXACT FULL NAME ST NAME ADD'L INFO RE ORGANIZATION DEBTOR 'S NAME (or NAME of 5 NAME) | LIMITED LIABILITY COMPAN LEGAL NAME - insert only one 2e. TYPE OF ORGANIZATION TOTAL ASSIGNEE of ASSIGNOR SE | 11. JURISDICTION OF ORGANIZATION POPULATION PROPERTY PIRST NAME CITY 21. JURISDICTION OF ORGANIZATION | 81805 MIDDLE STATE | NAME POSTAL CODE ANIZATIONAL ID#, if any | SUFFIX |
| 2.O. BOX 44 C. SEEINSTRUCTIONS C. ADDITIONAL DEBT 2a. ORGANIZATIONS C. MAILING ADDRESS C. SEEINSTRUCTIONS C. SECURED PARTY 3a. ORGANIZATIONS DIVERSIFIED I | ORGANIZATION DEBTOR OR'S EXACT FULL NAME ST NAME ADD'L INFO RE ORGANIZATION DEBTOR 'S NAME (or NAME of 5 NAME) | LIMITED LIABILITY COMPAN LEGAL NAME - insert only one 2e. TYPE OF ORGANIZATION TOTAL ASSIGNEE of ASSIGNOR SE | 11. JURISDICTION OF ORGANIZATION IY OREGON debtor name (2a or 2b) - do not abbreviate or comb FIRST NAME CITY 21. JURISDICTION OF ORGANIZATION P) -insert only one secured party name (3a or 3b). | 81805 MIDDLE STATE 2g. ORG | NAME POSTAL CODE ANIZATIONAL ID#, if any | SUPPIX COUNTRY |

1100' PVC PIPE, 1100' 4#6 ALUM. WIRE W/ 2#12 COPPER IN PVC DUCT, SUMP W/ SINGLE 1/2" SCREEN, KERNS 1200GPM FILTER. 8" MCCROMETER FLOW METER. MISC. VALVES & FITTINGS

| /· | | | | |
|--|---|--|-----------------|-------------------|
| 5. ALTERNATIVE DESIGNATION [frapplicable]: LESSE | E/LESSOR CONSIGNEE/CONSIGNOR | BAILEE/BAILOR SELLER/BI | JYER AG. UEN | NON-UCC FILING |
| 6. X This FINANCING STATEMENT is to be filed [for record |] (or recorded) in the REAL 7. Check to R | EQUEST SEARCH REPORT(S) on Debto AL FEET (optional) | (s) All Debtors | Debtor 1 Debtor 2 |
| 8/ OPTIONAL FILER REFERENCE DATA | | | | |

1 NEW 30HP GOULDS 11CLC SHORT SET PUMP W/ MOTOR

| | | NT ADDENDUM | | | | |
|---|---------------------------------------|---------------------------------------|---|-------------------------|--------------------------|-------------------|
| FOLLOW INSTRUCTIONS (9. NAME OF FIRST DEBT(| | CAREFULLY IN RELATED FINANCING STA | TEMENT | | | |
| 9a. ORGANIZATION'S NAM | | | | | | |
| JM AGRICULTURE, | L.L.C. | | | | | |
| 96 INDIVIDUAL'S LAST NA | ME | FIRSTNAME | MIDDLE NAME, SUFFIX | | | |
| 10. MISCELLANEOUS: | | 1 | | | | |
| | ' | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | THE ABOVE SPACE | IS FOR FILING OFFI | CE USE ONLY |
| 11. ADDITIONAL DEBTOR | 'S EXACT FULI | L LEGAL NAME - Insert only one r | ame (11a or 11b) - do not abbreviate or | combine names | | |
| 11a ORGANIZATION'S NAM | ΛE | | | | | 15.0 |
| OR 115. INDIVIDUAL'S LAST NA | | | Trus per la come. | 1 | | |
| TID INDIVIDOALS LAST NA | | | FIRST NAME | MIDDLE | NAME | SUFFIX |
| 11c MAILING ADDRESS | P . | | CITY | STATE | POSTAL CODE | COUNTRY |
| | | | | 2.7 | 97601 | Joseph |
| | | 11e: TYPE OF ORGANIZATION | 11f. JURISDICTION OF ORGANIZATI | ON 11g. OR | SANIZATIONAL ID #, if a | any |
| | ORGANIZATION DEBTOP | | 1 | 1 | | □мои |
| 12. ADDITIONAL SECU | | S 💇 🗌 ASSIGNOR S/P'S | NAME - insert only one name (12a o | r 12b) | | |
| 12a ORGANIZATION'S NAM | Æ | | | | | |
| OR COLUMN TO THE TAXABLE PROPERTY. | A B 400 | | I | 1/200m/mm | | |
| 126. INDIVIDUAL'S LAST N | AME: | | FIRST NAME | MIDDLE | NAME | SUFFIX |
| 12c MAILING ADDRESS | ····· | | CITY | STATE | POSTAL CODE | COUNTRY |
| | ī | | | | | SSC44.K |
| 13. This FINANCING STATEME | NT covers tim | fiber to be cut or as-extracted | 16. Additional collateral description: | | <u> </u> | <u> </u> |
| collateral, or is filed as a | fixture filing. | _ | | | | |
| 14. Description of real estate: | | | | | | |
| SEE ATTACHED EXHIBI | T "A", KLAMA | ATH COUNTY, OR | | | | |
| | | | | | | |
| | | | | | | |
| | ; | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | ** | | | | | |
| | | | | | | |
| 15. Name and address of a REC | | above-described real estate | | | | |
| (if Debtor does not have a re | 7 | | | | | |
| JM AGRICULTURE, L.L.(| 5 . | | | | | |
| | | | 17. Check only if applicable and chec | | | |
| | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | Debtor is a Trust or Trustee | | roperty held in trust or | Decedent's Estate |
| | | | 18. Check only it applicable and chec | k <u>only</u> one box. | | |
| | at . | | Debtor is a TRANSMITTING UTIL | | | |
| | | | Filed in connection with a Manufa | | • | |
| | | | Filed in connection with a Public- | Finance Transaction — e | ffective 30 years | |

EXHIBIT "A"

Government Lots 1,2,3, the South 1/2 of the NE 1/4, The SE 1/4 of the NW 1/4, The NE 1/4 of the SW 1/4 lying Northerly of Highway 70 and the NW 1/4 of the SE 1/4 of Section 5, Township 39 South, Range 11 East of the Willamette Meridian, Klamath County, Oregon. More accurately described as: Parcels 1 and 2 of Land Partition 47-07, being Lots 1, 2, 3; the South half of the Northeast Quarter; The Southeast Quarter of the Northeast Quarter of the Southwest quarter lying North of the Highway; and the Northwest Quarter of the Southeast Quarter of Section 5, Township 39 South, Range 11 East of the Willamette Meridian, Klamath County, Oregon.