**UCC FINANCING STATEMENT** 

**FOLLOW INSTRUCTIONS** A. NAME & PHONE OF CONTACT AT FILER (optional) Corporation Service Company 1-800-858-5294 B. E-MAIL CONTACT AT FILER (optional) SPRFiling@cscinfo.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) 116817533 - 356290 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703 Filed In: Oregon (Klamath) THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 1a. ORGANIZATION'S NAME OR 1b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX WALKER WESTON WILLIAM 1c. MAILING ADDRESS 32630 HIGHWAY 50 POSTAL CODE CITY STATE COUNTRY **MALIN** OR 97632 USA 2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here 🦳 and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad) 2a. ORGANIZATION'S NAME OR 2b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX TRICIA HILL MARIE 2c. MAILING ADDRESS 22330 S. POE VALLEY RD POSTAL CODE CITY STATE COUNTRY KLAMATH FALLS USA OR 97603 3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b) 3a. ORGANIZATION'S NAME DIVERSIFIED FINANCIAL SERVICES, LLC 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX STATE POSTAL CODE COUNTRY 3c. MAILING ADDRESS 14010 FNB PARKWAY STE 400 OMAHA NE 68154 USA 4. COLLATERAL: This financing statement covers the following collateral 2 NEW 2016 MODEL 7000 VALLEY 6-TOWER PIVOTS W/ AG SENSE 1295', 1313' 1 NEW PERKINS 1106 DETA-155 TIER III ENGINE W/ 5RB PUMP, 20KW LIMA MAC GENERATOR, EP-1 MURPHY 4010' OF 8" PVC PIPE, 4220' OF 4 #4 AL W/ 2 #12 CU IN HDPE DUCT, 2 - KERNS 1200GPM FILTERS, AND MISC. **VALVES & FITTINGS** 

A Debtor is a Transmitting Utility

Seller/Buyer

Consignee/Consignor

116817533

Licensee/Licensor

Non-UCC Filing

being administered by a Decedent's Personal Representative

6b. Check only if applicable and check only one box:

Agricultural Lien

Bailee/Bailor

2016-005715 Klamath County, Oregon

06/01/2016 02:17:23 PM

Fee: \$47.00

6a. Check only if applicable and check only one box:

7. ALTERNATIVE DESIGNATION (if applicable):

8. OPTIONAL FILER REFERENCE DATA: :175249-002

Public-Finance Transaction

5. Check only if applicable and check only one box: Collateral is \_\_\_ held in a Trust (see UCC1Ad, item 17 and Instructions)

Manufactured-Home Transaction

Lessee/Lessor

**UCC FINANCING STATEMENT ADDENDUM FOLLOW INSTRUCTIONS** 9. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank because Individual Debtor name did not fit, check here 9a. ORGANIZATION'S NAME OR 9b. INDIVIDUAL'S SURNAME WALKER FIRST PERSONAL NAME WESTON ADDITIONAL NAME(S)/INITIAL(S) SUFFIX WILLIAM THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY 10. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name or Debtor name that did not fit in line 1b or 2b of the Financing Statement (Form UCC1) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) and enter the mailing address in line 10c 10a. ORGANIZATION'S NAME OR 10b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) 10c. MAILING ADDRESS COUNTRY CITY STATE POSTAL CODE ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (11a or 11b) 11a. ORGANIZATION'S NAME OR 11b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX 11c. MAILING ADDRESS POSTAL CODE COUNTRY 12. ADDITIONAL SPACE FOR ITEM 4 (Collateral): 13. This FINANCING STATEMENT is to be filed [for record] (or recorded) in the 14. This FINANCING STATEMENT: REAL ESTATE RECORDS (if applicable) covers timber to be cut covers as-extracted collateral is filed as a fixture filing 15. Name and address of a RECORD OWNER of real estate described in item 16 16. Description of real estate: (if Debtor does not have a record interest) ALL SEC 31 T40S R9E, LOTS 5000, 5100,5200; ALL SEC 36

15. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest):

M & B CATTLE COMPANY

LUTHER HORSLEY

CANDACE HORSLEY

CANDACE HORSLEY

CANDACE HORSLEY

CANDACE HORSLEY

CANDACE HORSLEY

COVERS timber to be cut covers as-extracted collateral visible as a fixture filling of real estate:

ALL SEC 31 T40S R9E, LOTS 5000, 5100,5200; ALL SEC 36 T40S R8E

LOT 4800, KLAMATH COUNTY, OR

17. MISCELLANEOUS: