

2018-006179

Klamath County, Oregon

05/21/2018 10:45:01 AM

Fee: \$47.00

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

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

CSC 1-800-858-5294

B. E-MAIL CONTACT AT FILER (optional)

SPRFiling@cscglobal.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

1468 71497

CSC
801 Adlai Stevenson Drive
Springfield, IL 62703Filed 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

HILL

FIRST PERSONAL NAME

DREW

ADDITIONAL NAME(S)/INITIAL(S)

RONALD

SUFFIX

1c. MAILING ADDRESS 18827 HILL RD

CITY

KLAMATH FALLS

STATE

OR

POSTAL CODE

97603

COUNTRY

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

HILL

FIRST PERSONAL NAME

ROCHELLE

ADDITIONAL NAME(S)/INITIAL(S)

NORTHROP

SUFFIX

2c. MAILING ADDRESS 18827 HILL RD

CITY

KLAMATH FALLS

STATE

OR

POSTAL CODE

97603

COUNTRY

USA

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

OR

3b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

3c. MAILING ADDRESS 14010 FNB PARKWAY STE 400

CITY

OMAHA

STATE

NE

POSTAL CODE

68154

COUNTRY

USA

4. COLLATERAL: This financing statement covers the following collateral:

1 NEW 2018 MODEL 8000 VALLEY 5-TOWER PIVOT W/ 287' VLFEX CORNER ARM AND 4 - 180' EXISTING SPANS TO MAKE VALLEY 9-TOWER PIVOT W/ VFLEX CORNER ARM, TOTAL LENGTH 1847',
1 USED VALLEY 7-TOWER PIVOT 1296',
1 EXISITNG PIVOT POINT AND 3 EXISITNG 180' SPANS TO MAKE USED VALLEY 3-TOWER PIVOT 576' W/ 6 NEW 15' BOOMBACKS & NEW SET OF ROTATORS W/ HOSE DROPS,
1 NEW 100HP CORNELL CENTRIFUGAL PUMP W/ DISCHARGE & SUCTION ASSEMBLY, 1 NEW BOOSTER TRANSFORMER,
NEW 1980' OF 12" PVC PIPE, 560' OF 4" PVC PIPE, 2030' OF 3 #1/0 AL. W/ GROUND & 2 #12 CU IN HDPE DUCT, 1180' OF 4 #6 AL. W/ 2 #12 CU IN HDPE DUCT, 2 NEW KERNS 1200GPM FILTERS, AND MISC. VALVES & FITTINGS

5. Check only if applicable and check only one box: Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

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

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

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

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA: :FIXTURE FILING 205355-001 J.W.

1468 71497

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

HILL

FIRST PERSONAL NAME

DREW

ADDITIONAL NAME(S)/INITIAL(S)

RONALD

SUFFIX

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)

SUFFIX

10c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

11. ☐ 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

CITY

STATE

POSTAL CODE

COUNTRY

12. ADDITIONAL SPACE FOR ITEM 4 (Collateral):

13. ☒ This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS (if applicable)

14. This FINANCING STATEMENT:

☐ 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 (if Debtor does not have a record interest):

DREW HILL

16. Description of real estate:

NW1/4 NE1/4 OF S35, T40S, R10E, SE1/4 SW1/4 OF S26, T40S, R10E, MAPTAXLOT R-4010-02600-00900-000, R-4010-02600-00901-000, KLAMATH COUNTY, OR

17. MISCELLANEOUS: