UCC FINANCING STATEMENT			Fee: \$87.00	
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)				
1760 06359 CSC				
801 Adlai Stevenson Drive Springfield, IL 62703	In: Oregon			
Theu	(Klamath)			
	THE ABOV	E SPACE IS FO	OR FILING OFFICE USE	ONLY
DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name will not fit in line 1b, leave all of item 1 blank, check here and provide	name; do not omit, modify, or abbreviate any the Individual Debtor information in item 10 o			
1a. ORGANIZATION'S NAME				
OR 1b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIO	DNAL NAME(S)/INITIAL(S)	SUFFIX
CHAPMAN	JACK	EMM	. , . , ,	301117
1c. MAILING ADDRESS 23790 MALONE ST	CITY	STATE	POSTAL CODE	COUNTRY
	MERRILL	OR	97633	USA
DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name will not fit in line 2b, leave all of item 2 blank, check here and provide      2a. ORGANIZATION'S NAME	name; do not omit, modify, or abbreviate any the Individual Debtor information in item 10 o			
OR	I			
2b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIC	DNAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECU	RED PARTY): Provide only <u>one</u> Secured Pa	rty name (3a or 3	b)	
3a. ORGANIZATION'S NAME DIVERSIFIED FINANCIAL SEF	RVICES, LLC			
OR Зь. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S) SUFI		SUFFIX
3c. MAILING ADDRESS 14010 FNB PARKWAY STE 400	OMAHA	STATE NE	POSTAL CODE 68154	COUNTRY
4. COLLATERAL: This financing statement covers the following collateral: 1 NEW 2019 MODEL 7000 VALLEY 7-TOWER PIVE 2700' OF 4 #4 AL. W/ 2 #12 CU IN HDPE DUCT, 10 FILTERS, AND MISC. VALVES & FITTINGS	OT 1342'; NEW 2660' OF 8" 10' OF 3 #2 AL., 1 #4 AL IN I	PVC PIPE	:, 1860' OF 12" PV CT, 2 KERNS 1200	C PIPE, IGPM
5. Check only if applicable and check only one box: Collateral is held in a Trust  6a. Check only if applicable and check only one box:	(see UCC1Ad, item 17 and Instructions)	being administered by a Decedent's Personal Representative  6b. Check only if applicable and check only one box:		

A Debtor is a Transmitting Utility

Seller/Buyer

Consignee/Consignor

Agricultural Lien

Bailee/Bailor

FILING OFFICE COPY — UCC FINANCING STATEMENT (Form UCC1) (Rev. 04/20/11)

Public-Finance Transaction Manufactured-Home Transaction

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor

8. OPTIONAL FILER REFERENCE DATA: :STACY DYRDA

Non-UCC Filing

Licensee/Licensor

2020-000727

01/17/2020 03:03:00 PM

Klamath County, Oregon

## **UCC FINANCING STATEMENT ADDENDUM**

FOLLOW INSTRUCTIONS

NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; i because Individual Debtor name did not fit, check here	f line 1b was left blank	]			
9a. ORGANIZATION'S NAME					
8 9ь. INDIVIDUAL'S SURNAME CHAPMAN					
FIRST PERSONAL NAME  JACK	SUFFIX				
ADDITIONAL NAME(S)/INITIAL(S)  EMMET	THE ABOVE	SPACE	IS FOR FILING OFFIC	E USE ONLY	
D. DEBTOR'S NAME: Provide (10a or 10b) only one additional Debtor name of do not omit, modify, or abbreviate any part of the Debtor's name) and enter the r		n line 1b or 2b of the F	inancing S	statement (Form UCC1) (ı	ise exact, full nar
10a. ORGANIZATION'S NAME					
R 10b. INDIVIDUAL'S SURNAME					
INDIVIDUAL'S FIRST PERSONAL NAME					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)					SUFFIX
C. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
ADDITIONAL SECURED PARTY'S NAME or ASSIGN	IOR SECURED PARTY	'S NAME: Provide o	only <u>one</u> na	ame (11a or 11b)	I
Tab. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INI		NAL NAME(S)/INITIAL(S	SUFFIX
c. MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY
ADDITIONAL SPACE FOR ITEM 4 (Collateral):      This FINANCING STATEMENT is to be filed [for record] (or recorded) in the	14. This FINANCING STATE	-MCNT.			
REAL ESTATE RECORDS (if applicable)	covers timber to be	cut covers as-extracted collateral is filed as a fixture filing			
i. Name and address of a RECORD OWNER of real estate described in item 16 (if Debtor does not have a record interest): ACK E CHAPMAN, .ESLIE B CHAPMAN		e: E PARCEL R106012, SEC18-T41S-R11E 3, KLAMATH COUNTY, OR			