

2021-007110

Klamath County, Oregon

05/07/2021 08:09:01 AM

Fee: \$87.00

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)

2107 94657

CSC

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 TWELVE KS CATTLE LLC

OR
1b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

1c. MAILING ADDRESS 10227 CRYSTAL SPRINGS RD

CITY
Klamath FallsSTATE
ORPOSTAL CODE
97603COUNTRY
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

KNOLL

FIRST PERSONAL NAME

BARRON

ADDITIONAL NAME(S)/INITIAL(S)

WINSTON

SUFFIX

2c. MAILING ADDRESS 10227 CRYSTAL SPRINGS RD

CITY
Klamath FallsSTATE
ORPOSTAL CODE
97603COUNTRY
USA3. 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
OMAHASTATE
NEPOSTAL CODE
68154COUNTRY
USA

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

1 NEW 2021 MODEL 7000 VALLEY PIVOT 900' 5-TOWER; KERNS 1200 GPM FILTER, 620' 4#4 AL & 2 #12 CU IN HDPE DUCT, AND OTHER RELATED ANCILLARY EQUIPMENT

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 Representative6a. Check only if applicable and check only one box:☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility6b. Check only if applicable and check only one box:☐ Agricultural Lien ☐ Non-UCC Filing7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA: :0218905-001

2107 94657

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

TWELVE KS CATTLE LLC

OR

9b. INDIVIDUAL'S SURNAME

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

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

KNOLL

INDIVIDUAL'S FIRST PERSONAL NAME

KRISTEN

INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S)

HEATHER

SUFFIX

10c. MAILING ADDRESS 10227 CRYSTAL SPRINGS RD

CITY
Klamath Falls

STATE
OR

POSTAL CODE
97603

COUNTRY
USA

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):
AUBREY CAMPBELL

16. Description of real estate:
SW1/4SW1/4 OF SEC 9 T39S R10E, KLAMATH COUNTY, OR

17. MISCELLANEOUS: