



UCC FINANCING STATEMENT

State Form 50181 (R2 / 5-13)
Approved by State Board of Accounts, 2013

2014 000485

STATE OF INDIANA
LABOR DIVISION

2014 NOV 17 10:50 AM

MICHAEL B. BROWN
RECORDER

FOLLOW INSTRUCTIONS.

A. NAME & PHONE OF CONTACT AT FILER (optional) 800-648-8026
B. E-MAIL CONTACT AT FILER (optional) documents@dfsfin.com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) <input type="checkbox"/> DIVERSIFIED FINANCIAL SERVICES, LLC 14010 FIRST NATIONAL BANK PKWY STE 400 OMAHA, NE 68154 <input type="checkbox"/>

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 LITTLE	FIRST PERSONAL NAME JOSEPH	ADDITIONAL NAME(S)/INITIAL(S) M.	SUFFIX
1c. MAILING ADDRESS 20208 STONE RD	CITY HEBRON	STATE IN	POSTAL CODE 46341	COUNTRY

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
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

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 FIRST NATIONAL BANK PKWY STE 400	CITY OMAHA	STATE NE	POSTAL CODE 68154	COUNTRY

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

- 1 NEW 2014 MODEL 7000 VALLEY 6-TOWER PIVOT 1238.4' W/ NET IRRIGATE RADIO
- 1 NEW 60HP CUMMINS MOTOR & 30KW LIMA MAC GENERATOR W/ TRAILER, 100GAL FUEL TANK, AND PUMP STARTER
- 275' OF #2 SURE SEAL WIRE, 250' OF 6" PVC PIPE, AND MISC. VALVES & FITTINGS

CK # 092797

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:

<input type="checkbox"/> Public-Finance Transaction	<input type="checkbox"/> Manufactured-Home Transaction	<input type="checkbox"/> A Debtor Is a Transmitting Utility	6b. Check <u>only</u> if applicable and check <u>only</u> one box:
<input type="checkbox"/> Agricultural Lien	<input type="checkbox"/> Non-UCC Filing		

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

8. OPTIONAL FILER REFERENCE DATA:
0123356-002 FIXTURE FILING / REAL ESTATE

UCC FINANCING STATEMENT ADDENDUM

Part of State Form 50181 (R2 / 5-13)
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2014 000485

2014 NOV 11 PM 10:13

MICHAEL B. BROWN
 RECORDER

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	
LITTLE	
FIRST PERSONAL NAME	
JOSEPH	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
M.	

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):

JOAN MILLER
 LOIS L. POSTON
 JEAN A. REYNARD

16. Description of real estate:

PT W1/2SW1/4 SEC 4 T32 R7, PCL #45-25-04-300-001.000-012, LAKE COUNTY, IN

17. MISCELLANEOUS: