

# UNIFORM COMMERCIAL CODE — FINANCING STATEMENT — FORM UCC-1

This FINANCING STATEMENT is presented for filing pursuant to the Nevada Uniform Commercial Code

**IMPORTANT:** Read instructions on back before filling out form.

Receipt No. \_\_\_\_\_

1. DEBTOR (ONE NAME ONLY) (1) LEGAL BUSINESS NAME (2) INDIVIDUAL (LAST NAME FIRST) <b>GALLAGHER, James E.</b>		1A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]	
1B. MAILING ADDRESS <b>H.C. 62 Box 143</b>		1C. CITY, STATE <b>Eureka, Nevada</b>	
1E. RESIDENCE ADDRESS <b>H.C. 62 Box 143</b>		1D. ZIP CODE <b>89316</b>	
2. ADDITIONAL DEBTOR (IF ANY) (ONE NAME ONLY) (1) LEGAL BUSINESS NAME (2) INDIVIDUAL (LAST NAME FIRST) <b>GALLAGHER, Susan M.</b>		2A. SOCIAL SECURITY OR FEDERAL TAX NO. [REDACTED]	
2B. MAILING ADDRESS <b>H.C. 62 Box 143</b>		2C. CITY, STATE <b>Eureka, Nevada</b>	
2E. RESIDENCE ADDRESS <b>H.C. 62 Box 143</b>		2D. ZIP CODE <b>89316</b>	
3. <input type="checkbox"/> ADDITIONAL DEBTOR(S) ON ATTACHED SHEET			
4. SECURED PARTY NAME <b>SIERRA/NEVADA PRODUCTION CREDIT ASSOCIATION</b>		4A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. <b>88-0051866</b>	
MAILING ADDRESS <b>P.O. Box 2124</b>			
CITY <b>Elko</b> STATE <b>Nevada</b> ZIP CODE <b>89803</b>			
5. ASSIGNEE OF SECURED PARTY (IF ANY) NAME		5A. SOCIAL SECURITY NO. FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
MAILING ADDRESS			
CITY STATE ZIP CODE			
6. This FINANCING STATEMENT covers the following types or items of property (if crops or timber, include description of real property on which growing or to be growing and name of record owner of such real estate, if fixtures include description of real property to which affixed or to be affixed and name of record owner of such real estate, if oil, gas or minerals, include description of real property from which to be extracted). <b>All farm products now owned or hereafter acquired, including but not limited to all crops growing or to be grown on that certain property more particularly described as follows: TOWNSHIP 21 NORTH, RANGE 54 EAST, M.D.B.&amp;M. Section 4: Lots 1,2 and 3; S1/2 NE1/4; SE1/4 NW1/4 Section 5: SE1/4</b> To meet the following FmHA provision, "disposition of the collateral is not authorized hereby" 6B. <i>James E. Gallagher</i> SIGNATURE OF RECORD OWNER 6C. \$ _____ MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANY ONE TIME (OPTIONAL) 6D. <b>James E. Gallagher &amp; Susan M. Gallagher</b> (TYPE RECORD OWNER OF REAL PROPERTY)			
7. Check if Applicable 7a	A. <input checked="" type="checkbox"/> Proceeds of collateral are also covered	B. <input checked="" type="checkbox"/> Products of collateral are also covered	C. <input type="checkbox"/> Proceeds of above described original collateral in which a security interest was perfected (Debtor's Signature Not Required)
8. Check if Applicable 8c	<input type="checkbox"/> Collateral was brought into this State subject to security interest in another jurisdiction (Debtor's Signature Not Required)		
	<input type="checkbox"/> DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403		

9. (Date) May 7, 1993

By *James E. Gallagher* *Susan M. Gallagher*  
James E. Gallagher (TITLE) Susan M. Gallagher (TITLE)

TYPE NAME(S) \_\_\_\_\_

By **SIERRA/NEVADA PRODUCTION CREDIT ASSOCIATION** (TITLE)  
*Ray Connolly* Branch Manager (SIGNATURE(S) OF SECURED PARTY(S))  
Ray Connolly (TITLE)

10. Return Copy to:  
NAME **SIERRA/NEVADA PCA**  
ADDRESS **P.O. Box 2124**  
CITY, STATE **Elko, Nevada 89803**  
AND ZIP \_\_\_\_\_  
Trust Account Number (If Applicable) \_\_\_\_\_

BOOK 247 PAGE 393

11. This Space for Use of Filing Officer. (Date, Time, File Number and Filing Office)  
**BOOK 247 PAGE 393**  
**OFFICIAL RECORDS**  
**RECORDED AT THE REQUEST OF**  
**Sierra Nevada Production**  
**93 MAY 18 P4:21**  
**EUREKA COUNTY, NEVADA**  
**M.N. REBALEATI, RECORDER**  
**UCC FILE NO. 145455** **FEES \$ 11.00**

WHITE - Alphabetical; PINK - Acknowledgement;  
GREEN - Secured Party, BLUE - Debtor.

(Filing Fees. See Instructions) (Rev. 6/7)