

This FINANCING STATEMENT is presented for filing pursuant to the Nevada Uniform Commercial Code. **EUREKA COUNTY**

1. DEBTOR (LAST NAME FIRST) <b>HALPIN, TIM I.</b>		1A. SOCIAL SECURITY OR FEDERAL TAX NO.	
1B. MAILING ADDRESS <b>P.O. BOX 186</b>		1C. CITY, STATE <b>EUREKA, NV</b>	1D. ZIP CODE <b>89316</b>
1E. RESIDENCE ADDRESS (IF AN INDIVIDUAL A.ID DIFFERENT THAN 1B)		1F. CITY, STATE	1G. ZIP CODE
2. ADDITIONAL DEBTOR (IF ANY) (LAST NAME FIRST) <b>HALPIN, SANDIE L.</b>		2A. SOCIAL SECURITY OR FEDERAL TAX NO.	
2B. MAILING ADDRESS <b>Same as 1b Above</b>		2C. CITY, STATE <b>Same as 1c Above</b>	2D. ZIP CODE <b>Same as 1d</b>
2E. RESIDENCE ADDRESS (IF AN INDIVIDUAL AND DIFFERENT THAN 2B)		2F. CITY, STATE	2G. ZIP CODE
3. DEBTOR(S) TRADE NAMES OR STYLES (IF ANY) <b>Diamond H Ranch</b>		3A. FEDERAL TAX NO.	
4. ADDRESS OF DEBTOR(S) CHIEF PLACE OF BUSINESS (IF ANY) <b>P.O. BOX 186</b>		4A. CITY, STATE <b>EUREKA, NV</b>	4B. ZIP CODE <b>89316</b>
5. SECURED PARTY NAME <b>U.S. BANK OF NEVADA</b> MAILING ADDRESS <b>1 East Liberty St.</b> CITY <b>Reno</b> STATE <b>NV</b> ZIP CODE <b>89501</b>		5A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO. <b>88-0196792</b>	
6. ASSIGNEE OF SECURED PARTY (IF ANY) NAME MAILING ADDRESS CITY STATE ZIP CODE		6A. SOCIAL SECURITY NO., FEDERAL TAX NO. OR BANK TRANSIT AND A.B.A. NO.	
7. 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 grown 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 Crops and Farm Equipment; together with the following specifically described property: ALFALFA HAY CROP; whether any of the foregoing is owned now or acquired later; whether any of the foregoing is now existing or hereafter raised or grown; all accessions, additions, replacements, and substitutions relating to any of the foregoing (including rights under Commodity Credit Corp. programs, ASCS, payment in kind, or any other general intangibles or programs); all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and accounts proceeds).</b> <b>Some or all of the collateral is located on the following described real estate: TOWNSHIP 20 N RANGE 53 E M.D.B.M SEC 18 NE 1/4 N 1/2 SE 1/4 LOTS 9 &amp; 19, EUREKA COUNTY, STATE OF NEVADA</b>			
7A. SIGNATURE OF RECORD OWNER		7C. \$ MAXIMUM AMOUNT OF INDEBTEDNESS TO BE SECURED AT ANYONE TIME (OPTIONAL)	
7B. (TYPE) RECORD OWNER OR REAL PROPERTY			
8. Check <input checked="" type="checkbox"/> If Applicable	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
9. Check <input checked="" type="checkbox"/> If Applicable	D <input type="checkbox"/> Collateral was brought into this State subject to security interest in another jurisdiction		
9. Check <input type="checkbox"/> If Applicable <input type="checkbox"/> DEBTOR IS A "TRANSMITTING UTILITY" IN ACCORDANCE WITH NRS 704.205 AND NRS 104.9403			
10. (Date) <b>4-14</b> 19 <b>95</b>		12. This Space for Use of Filing Officer (Date, Time, File Number and Recorder's Office) <b>UCC FILE NO. 157881</b> <b>Filed this 1st of May 1995</b> <b>at 39min after 10:00 am</b> <b>RECORDS OF EUREKA</b> <b>COUNTY OF NEVADA</b> <b>M.M. Rablatti</b> <b>Eureka County Recorder</b>	
11. Return Copy to NAME <b>U.S. Bank of Washington, National Association</b> ADDRESS <b>Western Washington Loan Servicing (WWH-470D)</b> CITY, STATE <b>1415 5th Ave.</b> AND ZIP <b>Seattle, WA 98101</b> <b>851-37858 48005-26/55964</b>			
(3) FILING OFFICER COPY - NUMERICAL UNIFORM COMMERCIAL CODE-FORM UCC-1 (REV. 7-77)			

Approved by the Secretary of State

FILING FEES  
SEE INSTRUCTIONS

157881

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