

177773

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

| |
|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional) |
| B. SEND ACKNOWLEDGEMENT TO: (Name Address) |
| LEND LEASE AGRI-BUSINESS INC. Secondary Market 12747 Olive Street Road, # 350 St. Louis, MO 63141 |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

| | | | | |
|---|-----------------------------------|--------------------------|----------------------------------|--|
| 1. DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1a or 1b) - do not abbreviate or combine names | | | | |
| 1a. ORGANIZATION'S NAME | | | | |
| OR | 1b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE NAME |
| | Moyle | | Mark | S. |
| 1c. MAILING ADDRESS | | | CITY | STATE |
| 1999 Strasdin Lane | | | Fallon | NV |
| | | | POSTAL CODE | COUNTRY |
| | | | 89406 | USA |
| 1d. TAX ID #: SSN OR EIN | ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION | 1f. JURISDICTION OF ORGANIZATION | 1g. ORGANIZATIONAL ID #, if any |
| | | Individual | NV | <input checked="" type="checkbox"/> NONE |

| | | | | |
|--|-----------------------------------|--------------------------|----------------------------------|--|
| 2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (2a or 2b) - do not abbreviate or combine names | | | | |
| 2a. ORGANIZATION'S NAME | | | | |
| OR | 2b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE NAME |
| | Moyle | | Teresa | Y. |
| 2c. MAILING ADDRESS | | | CITY | STATE |
| 1999 Strasdin Lane | | | Fallon | NV |
| | | | POSTAL CODE | COUNTRY |
| | | | 89406 | USA |
| 2d. TAX ID #: SSN OR EIN | ADD'L INFO RE ORGANIZATION DEBTOR | 2e. TYPE OF ORGANIZATION | 2f. JURISDICTION OF ORGANIZATION | 2g. ORGANIZATIONAL ID #, if any |
| | | Individual | | <input checked="" type="checkbox"/> NONE |

| | | | | |
|---|---|--|-------------|-------------|
| 3. SECURED PARTY'S NAME (or NAME of the ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b) | | | | |
| 3a. ORGANIZATION'S NAME | | | | |
| OR | U.S. Bank Trust National Association as Custodian/Trustee | | | |
| | 3b. INDIVIDUAL'S LAST NAME | | FIRST NAME | MIDDLE NAME |
| | | | | |
| 3c. MAILING ADDRESS | | | CITY | STATE |
| 12747 Olive Street Road, Suite 350 | | | St. Louis | MO |
| | | | POSTAL CODE | COUNTRY |
| | | | 63141 | |

| | | | | |
|--|--|--|--|--|
| 4. This FINANCING STATEMENT covers the following collateral: | | | | |
| All Fixtures, water rights and irrigation equipment; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including income, general intangibles and accounts proceeds) | | | | |

| | | | | | | |
|--|--|--|--|---------------------------------------|-----------------------------------|---|
| 5. ALTERNATIVE DESIGNATION [if applicable]: | <input type="checkbox"/> LESSOR | <input type="checkbox"/> CONSIGNEE/CONSIGNOR | <input type="checkbox"/> BAILEE/BAILOR | <input type="checkbox"/> SELLER/BUYER | <input type="checkbox"/> AG. LIEN | <input type="checkbox"/> NON-UCC FILING |
| 6. <input checked="" type="checkbox"/> This FINANCING STATEMENT is to be filed (recorded) in the REAL ESTATE RECORDS. Attach Addendum if applicable. | 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (optional) | | <input type="checkbox"/> All Debtors | <input type="checkbox"/> Debtor 1 | <input type="checkbox"/> Debtor 2 | |
| 8. OPTIONAL FILER REFERENCE DATA | | | | | | |

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UCC FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

9. NAME OF FIRST DEBTOR (1a or 1b) ONATED FINANCING STATEMENT

| | | |
|-------------------------------|---------|---------------------|
| 9a. ORGANIZATION'S NAME | | |
| OR 9b. INDIVIDUAL'S LAST NAME | ST NAME | MIDDLE NAME, SUFFIX |
| Moyle | ark | S. |

10. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

11. ADDITIONAL DEBTOR'S EXACT FULL AL NAME - insert only one debtor name (11a or 11b) - do not abbreviate or combine names

| | | | | |
|--|-----------------------------------|----------------------|-----------------------------------|----------------------------------|
| 11a. ORGANIZATION'S NAME | | | | |
| Mark & Teresa Moyle Family Trust | | | | |
| OR 11b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX | |
| | | | | |
| 11c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE |
| | | | NV | |
| | | | | COUNTRY |
| | | | | USA |
| 11d. TAX ID #: SSN OR EIN | ADD'L INFO RE ORGANIZATION DEBTOR | TYPE OF ORGANIZATION | 11f. JURISDICTION OF ORGANIZATION | 11g. ORGANIZATIONAL ID #, if any |
| | | it | NV | |
| <input checked="" type="checkbox"/> NONE | | | | |

12. ADDITIONAL SECURED PARTY'S ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)

| | | | | |
|--------------------------------|------------|-------------|--------|-------------|
| 12a. ORGANIZATION'S NAME | | | | |
| Lend Lease Agri-Buiness, Inc. | | | | |
| OR 12b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX | |
| | | | | |
| 12c. MAILING ADDRESS | | CITY | STATE | POSTAL CODE |
| 12747 Olive St. Rd., lte 350 | | St. Louis | MO | 63141 |
| | | | | COUNTRY |
| | | | | USA |

13. This FINANCING STATEMENT covers ☐ timber cut or ☐ as-extracted collateral, or is filed as a ☒ fixture filing.

14. Description of real estate:
Exhibit "A" and "L"

16. Additional collateral description:

15. Name and address of a RECORD OWNER of a described real estate (if Debtor does not have a record interest):

Mark & Teresa Moyle Family Trust

17. Check only if applicable and check only one box.
Debtor is a ☐ Trust or ☐ Trustee acting with respect to property held in trust or ☐ Decedent's Estate

18. Check only if applicable and check only one box.
☐ Debtor is a TRANSMITTING UTILITY
☐ Filed in connection with a Manufactured-Home Transaction — effective 30 years
☐ Filed in connection with a Public-Finance Transaction — effective for 30 years

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EXHIBIT "L"
LEGAL DESCRIPTION

All Fixtures, water rig and irrigation equipment now owned or hereafter acquired not to be limited to that shown Exhibit "L".

PARCEL 1:

PARCEL ONE (1) SHOWN ON PARCEL MAP FOR SANDRA CHANEY GREEN RECORDED JANUARY 23, 2001 THE OFFICE OF THE EUREKA COUNTY RECORDER'S OFFICE, EUREKA COUNTY, NEVADA, AS FILE NO. 177684.

PARCEL 2:

PARCEL ONE (1) SHOWN ON PARCEL MAP FOR MARK MOYLE FARMS, LLC RECORDED JANUARY 23, 2002, IN THE OFFICE OF THE EUREKA COUNTY RECORDER'S OFFICE, EUREKA COUNTY, NEVADA, AS FILE NO. 177683.

Initials: MSM. J.M.

Exhibit A

| <u>Permit #</u> | <u>Certificate</u> | <u>Appropriation</u> |
|-----------------|--------------------------|----------------------------------|
| 28956 | 8527 | 40 C.F.S. 822.87 AF/Season |
| 67170T | Temporary Permit Only | 2.407 C.F.S 495.07 AF/Season |
| 67171T | Temporary Permit Only | 1.593 C.F.S. 327.0 AF/Season |
| 67172 | Application Only | 2.407 C.F.S. 495.07 AF/Season |
| 67173 | Application Only | 1.593 C.F.S. 327.0 AF/Season |
| 13650 | 4558 | 648.8 Acre Feet 3.0 C.F.S. |
| 48437 | 11947 | 272.8 Acre Feet 1.644 C.F.S |
| 34949 | 11044 | 520.1 Acre Feet 2.194 C.F.S. |
| 20366 | 6196 | 638.312 Acre Feet 2.67 C.F.S. |
| 19110 | 6963 | 2.7 C.F.S. 640.0 AF |

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OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Just American Title
02 FEB 15 PM 1:18
LOREKA COUNTY NEVADA
M.N. REBALEATI, RECORDER
FILE NO.
FEES 46⁰⁰

177773

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