

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: Moyle; FIRST NAME: Mark; MIDDLE NAME: S.; SUFFIX:

1c. MAILING ADDRESS: 1999 Strasdin Lane; CITY: Fallon; STATE: NV; POSTAL CODE: 89406; COUNTRY: USA

1d. TAX ID #: SSN OR EIN; ADD'L INFO RE ORGANIZATION DEBTOR; TYPE OF ORGANIZATION: Individual; 1f. JURISDICTION OF ORGANIZATION: NV; 1g. ORGANIZATIONAL ID #, if any: 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: Moyle; FIRST NAME: Teresa; MIDDLE NAME: Y.; SUFFIX:

2c. MAILING ADDRESS: 1999 Strasdin Lane; CITY: Fallon; STATE: NV; POSTAL CODE: 89406; COUNTRY: USA

2d. TAX ID #: SSN OR EIN; ADD'L INFO RE ORGANIZATION DEBTOR; TYPE OF ORGANIZATION: Individual; 2f. JURISDICTION OF ORGANIZATION: NV; 2g. ORGANIZATIONAL ID #, if any: NONE

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)

3a. ORGANIZATION'S NAME: U.S. Bank Trust National Association as Custodian/Trustee

OR 3b. INDIVIDUAL'S LAST NAME; FIRST NAME; MIDDLE NAME; SUFFIX:

3c. MAILING ADDRESS: 12747 Olive Street Road, Suite 350; CITY: St. Louis; STATE: MO; POSTAL CODE: 63141; COUNTRY:

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]: SEE/LESSOR; CONSIGNEE/CONSIGNOR; BAILEE/BAILOR; SELLER/BUYER; AG. LIEN; NON-UCC FILING

6.  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): All Debtors; Debtor 1; 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) ON ATTACHED FINANCING STATEMENT**

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

10. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

**11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL 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   COUNTRY
			NV     USA
11d. TAX ID #, SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION
		it	NV
			11g. ORGANIZATIONAL ID #, if any <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-Business, Inc.			
OR 12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
12c. MAILING ADDRESS		CITY	STATE   POSTAL CODE   COUNTRY
12747 Olive St. Rd., Ste 350		St. Louis	MO   63141   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"

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

16. Additional collateral description:

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.

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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  
 LUREKA COUNTY NEVADA  
 P.M. REBALEATI, RECORDER  
 FILE NO.  
 FEES 40<sup>00</sup>

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