

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (opt.) 076004-9004	
B. SEND ACKNOWLEDGEMENT TO: (Name and address) Nevada State Bank Commercial Loan Servicing Department 3800-VS1 P. O. Box 990 Las Vegas, NV 89125	

BOOK 348 PAGE 155
OFFICIAL RECORDS
RECORDED AT THE CLERK'S OFFICE
Nevada State Bank
02 JUL -5 PM 1:59
EUREKA COUNTY NEVADA
M.N. REBALEATI, RECORDER
FILE NO.
FEES 20⁰⁰

178256

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert one debtor name (1a or 1b) - do not abbreviate or combine names						
1a. ORGANIZATION'S NAME Burnham Farms, LLC						
OR	1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
1c. MAILING ADDRESS HC62 Box 62153		CITY Eureka		STATE NV	POSTAL CODE 89316	COUNTRY USA
1d. TAX ID #: SSN OR EIN 88-0361375	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE ORGANIZATION Limitiability Co.	1f. JURISDICTION OF ORGANIZATION NV	1g. ORGANIZATIONAL ID #, if any LLC11542-1996		<input 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	SUFFIX	
2c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
2d. TAX ID #: SSN OR EIN	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE ORGANIZATION	2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, if any		<input type="checkbox"/> NONE

3. SECURED PARTY'S NAME (or NAME of TOTAL GNEE of ASSIGNOR S/P) - insert only one secured party name (3a or 3b)						
3a. ORGANIZATION'S NAME Nevada State Bank						
OR	3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX	
3c. MAILING ADDRESS 91 North Main Street		CITY Eureka		STATE NV	POSTAL CODE 89316	COUNTRY

4. This FINANCING STATEMENT covers the following colla

All equipment and machinery, now owner hereafter acquired, including all proceeds from sale or other disposition thereof and wherever located.

All crops growing or to be grown now or later and all crops standing, harvested or severed from that certain real property situated in the County of Eureka, State of Nevada, more icularly described as follows:

Section 29, Township 23N, Range 54E, M&M East 1/2 of West 1/2, West 1/2 of East 1/2, Section 27, Township 22N, Range 54E MDB&M West 1/2 of Section 33, Townsh2N, Range 54E, MDB&M NW 1/4 of Section 32, Township 21 1/2N, Range 54E, MDB&M Section 8, Township 21N, Rang 54E, MDA Section 32, Township 22N, Range 54E, MDB&M; whether any of the foregoing is owned now or acquired later; all accessions, additions, placements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating my of the foregoing (including insurance, 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 (for recor recorded) in the REAL ESTATE RECORDS Attach Addendum (if applicable)	7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (OPTIONAL FEE)		<input type="checkbox"/> All Debtors	<input type="checkbox"/> Debtor 1	<input type="checkbox"/> Debtor 2	
8. OPTIONAL FILER REFERENCE DATA						

UCC FINANCING STATEMENT ADDENDUM

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

OR	9a. ORGANIZATION'S NAME Burnham Farms, LLC		
	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

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

OR	11a. ORGANIZATION'S NAME			
	11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
11c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
11d. TAX ID #: SSN OR EIN		ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION
				11g. ORGANIZATIONAL ID #, if any
				<input type="checkbox"/> NONE

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

OR	12a. ORGANIZATION'S NAME			
	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
12c. MAILING ADDRESS		CITY	STATE	POSTAL CODE
				COUNTRY

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

14. Description of real estate:

Section 29, Township 23N, Range 54E, B&M East 1/2 of West 1/2, West 1/2 of East 1/2, Sen 27, Township 22N, Range 54E MDB&M West 1/2 of Section 33, Township 22N, Range 54E, MDB&M NW 1/4 of Section 32, Township 21 1/2N, Range 54E, M&M Section 8, Township 21N, Range 54E, MDB&M Sen 32, Township 22N, Range 54E, MDB&M

15. Additional collateral description:

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

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

178256

Harland Financial Solutions