

APN:  
APN: 007-210-01

BOOK 402 PAGE 113-114  
OFFICIAL RECORDS  
RECORDED AT THE REQUEST OF  
Diligens  
2004 DEC 15 PM 2:29

EUREKA COUNTY, NEVADA  
M.N. REBALEATI, RECORDER  
FILE NO.

194636

## UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

|                                                                                                                                               |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------|--|
| A. NAME & PHONE OF CONTACT AT FILER [optional]<br>Diligenz, Inc. 1-800-858-5294                                                               |  |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><br>11031858<br>Diligenz, Inc.<br>6500 Harbour Heights Pkwy, Suite 400<br>Mukilteo, WA 98275 |  |
| Filed In: Nevada Eureka                                                                                                                       |  |

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<br>DAMELE FARMS, INC                   |                                   |                                   |                                        |                                                                             |
| OR                                                             |                                   |                                   |                                        |                                                                             |
| 1b. INDIVIDUAL'S LAST NAME                                     |                                   | FIRST NAME                        | MIDDLE NAME                            | SUFFIX                                                                      |
| 1c. MAILING ADDRESS<br>9TH & GOLD STREET, DIAMOND VALLEY ROUTE |                                   |                                   |                                        |                                                                             |
| CITY<br>EUREKA                                                 |                                   | STATE<br>NV                       | POSTAL CODE<br>89316                   | COUNTRY<br>USA                                                              |
| 1d. TAX ID #: SSN OR EIN                                       | ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION<br>Corp. | 1f. JURISDICTION OF ORGANIZATION<br>NV | 1g. ORGANIZATIONAL ID #, if any<br>C6191-1990 <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 OF ORGANIZATION | 2f. JURISDICTION OF ORGANIZATION | 2g. ORGANIZATIONAL ID #, if any<br><input type="checkbox"/> NONE |

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

|                                                                    |  |             |                      |                |
|--------------------------------------------------------------------|--|-------------|----------------------|----------------|
| 3a. ORGANIZATION'S NAME<br>First National Equipment Financing, Inc |  |             |                      |                |
| OR                                                                 |  |             |                      |                |
| 3b. INDIVIDUAL'S LAST NAME                                         |  | FIRST NAME  | MIDDLE NAME          | SUFFIX         |
| 3c. MAILING ADDRESS<br>PO Box 2137                                 |  |             |                      |                |
| CITY<br>Omaha                                                      |  | STATE<br>NE | POSTAL CODE<br>68103 | COUNTRY<br>USA |

4. This FINANCING STATEMENT covers the following collateral:

PURCHASE MONEY SECURITY INTEREST IN THE FOLLOWING DESCRIBED PROPERTY TOGETHER WITH PROCEEDS THEREOF.

1 1300' 7 TOWER LINDSAY ZIMMATIC CENTER PIVOT IRRIGATION SYSTEM, S/N L87590 WITH FLOW METER AND RELATED ANCILLARY EQUIPMENT.

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

8. OPTIONAL FILER REFERENCE DATA

98000158760-70 - DAMELE FARMS, INC

11031858

**UCC FINANCING STATEMENT ADDENDUM**

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

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

|                                              |            |                     |
|----------------------------------------------|------------|---------------------|
| 9a. ORGANIZATION'S NAME<br>DAMELE FARMS, INC |            |                     |
| OR                                           |            |                     |
| 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 name (11a or 11b) - do not abbreviate or combine names**

|                             |            |                                   |                           |                                   |
|-----------------------------|------------|-----------------------------------|---------------------------|-----------------------------------|
| 11a. ORGANIZATION'S NAME    |            |                                   |                           |                                   |
| OR                          |            |                                   |                           |                                   |
| 11b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME                       | SUFFIX                    |                                   |
| 11c. MAILING ADDRESS        |            | CITY                              | STATE                     | POSTAL CODE                       |
|                             |            |                                   |                           | COUNTRY                           |
| 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 of ASSIGNOR S/P'S NAME - insert only one name (12a or 12b)**

|                             |            |             |        |             |
|-----------------------------|------------|-------------|--------|-------------|
| 12a. ORGANIZATION'S NAME    |            |             |        |             |
| OR                          |            |             |        |             |
| 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 or ☐ as-extracted collateral, or is filed as a ☒ fixture filing.

14. Description of real estate:

THE E 1/2 OF SECTION 21, TOWNSHIP 21  
NORTH, RANGE 53 EAST, EUREKA COUNTY,  
NEVADA.

16. Additional collateral description:

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

DAMELE FARMS, INC

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 30 years