CC FINANCING STATEMENT  LLOW INSTRUCTIONS (front and back) CAREFULLY  NAME & PHONE OF CONTACT AT FILER (optional)  Cathy Yardley, 775-738-6445		2005 FEB 22 Ph EUREKA COUNTY, M.N. REBALEATI, R FILE NO.	NEVADA
SEND ACKNOWLEDGMENT TO: (Name and Address)  Elko Farm Service Agency 555 West Silver Street Suite 101 Elko, NV 89801	1	.96241	4,
DESTANCE WATER VIEW NAME		E SPACE IS FOR FILING OFFIC	E USE ONLY
DEBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1 a or 1 b 1 a ORGANIZATION'S NAME	oj - do not abbreviate or combine names	<del>\</del>	
45 INDRUDUAL ST ACTIMANS	_/_/		
III. INDIVIDUAL SCASTINAME	FIRST NAME	MIDDLE NAME	SUFFIX
Yoder MAILING ADDRESS	Luke	Gerard STATE POSTAL CODE	COUNTR
IC 62 - Box 147	Eureka	NV 89316	
SEE INSTRUCTIONS   ADD'L INFO RE   10. TYPE OF ORGANIZATION   ORGANIZATION	1f. JURISDICTION OF ORGANIZATION	1g. ORGANIZATIONAL ID #, i	fany
DESTOR		_/	
ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one	debtor name (2a or 2b) - do not abbreviate or cor	mbine names	
2a. ORGANIZATION'S NAME	\ \ (		
2b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
Yoder	Bonnitta	Rose	
MAILING ADDRESS	cny	STATE POSTAL CODE	COUNTR
C 62 Box 147  SEEINSTRUCTIONS TADD'L INFO RE 126, TYPE OF ORGANIZATION	Eureka 21. JURISDICTION OF ORGANIZATION	NV 89316	
ORGANIZATION  ORGANIZATION  DEBTOR	22. JURISDICTION OF DRIGANIZATION	2g. ORGANIZATIONAL ID #, i	
SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/	C) interdeply appearance of early a see (3a as 3b)		[]
3a. ORGANIZATION'S NAME	- )-maeritomy <u>offe</u> seconds band menus (oath ob)		
United States of America acting through Farm Ser	vice Agency		
3b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
MAILING ADDRESS	cmy	STATE POSTAL CODE	COUNTR
55 West Silver Street, Suite 101	Elko	NV 89801	]
	21.0	1117   02001	
This FINANCING STATEMENT covers the following collateral: rrigation equipment including but not limited to pivo	ts, underground main lines, p	umps, motors, panels, an	d wheel line