C FINANCING STATEMENT		OFFICIAL RECORDS	
C FINANCING STATEMENT		DECODRED. AT THE RECHES	E/20-/2/
C FINANCING STATEMENT		RECORDED AT THE RECUES	1 01
		2005 DEC 19 PM 4: 2	25
OW INSTRUCTIONS (front and back) CAREFULLY	<del></del>	EUREKA COUNTY, NEVAL	<u>A</u>
AME & PHONE OF CONTACT AT FILER (optional) Diligenz, Inc. 1-800-858-5294		M.N. REBALEATI. RECORD FILE NO. FEES	EK / 00
END ACKNOWLEDGMENT TO: (Name and Address)		\ \	70
16617860	7 20	<b>)2940</b> \ \	
Prepared By: Diligenz, Inc.		\ \	\
6500 Harbour Heights Pkwy, Suite 400			\
Mukilteo, WA 98275			\
Filed In:	: Nevada Eureka		\
		OVE SPACE IS FOR FILING OFFICE	E USE ONLY
EBTOR'S EXACT FULL LEGAL NAME - insert only one debtor nar a. ORGANIZATION'S NAME	me (1a or 1b) - do not abbreviate or combine name	es .	
DAMELE FARMS, INC			
b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
AILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
H & GOLD STREETS, DIAMOND VALLEY RO		NV 89316	USA
AX ID #: SSN OR EIN ADD'L INFO RE 1e. TYPE OF ORGANIZATION CORGANIZATION	1.76	and the second s	•
DEBTOR CORP.	1 NV	C6191-1990	No
DITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert online OF CONTROL	y one debtor name (2a or 2b) - do not abbreviate o	r combine names	
		<u>/</u>	
b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
AILING ADDRESS	СПУ	STATE POSTAL CODE	COUNTRY
/_/			
AX ID #: SSN OR EIN   ADD'L INFO RE   2e. TYPE OF ORGANIZATION	ON 2f. JURISDICTION OF ORGANIZATION	2g. ORGANIZATIONAL ID #, i	·
DEBTOR   CURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASS	ICNOR S/PV insect only one codyred party name	(2a or 2h)	NC
a. ORGANIZATION'S NAME	TONOR OF ) - Insert dray one second party frame	(va or ob)	
First National Equipment Financing, Inc	FIRST NAME	TMIODLE NAME	Tours N
D. INDIVIDUALS (AST NAME	TINS! NAME	MIDDLE NAME	SUFFIX
AILING ADDRESS	CITY	STATE POSTAL CODE	COUNTRY
Box 2137  is FINANCING STATEMENT covers the following collateral:	Omaha	NE 68103	USA

	ack) CAREFULLY		4		
. NAME OF FIRST DEBTOR (1a or 1	b) ON RELATED FINANCING ST	ATEMENT		\ \	
DAMELE FARMS, INC				\ \	
PR SP. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX		/ /	
SO, REDIVIDUALS DAST HAVE	I INST MANIE	INDEL TAME, OUT TO		\ \	
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			TUE 4 DOME 4 DA 4	. 10 500 50 010 055	105 USE OUL V
				IS FOR FILING OFFI	CE USE ONLY
1. ADDITIONAL DEBTOR'S EXACT	FULL LEGAL NAME - insert only one	name (11a or 11b) - do not abbre	viate or combine names		
11a. ORGANIZATION'S NAME			1 1		7
R 44 INDESCRIPTION OF MARKE				<del></del>	
11b. INDIVIDUAL'S LAST NAME	,	FIRST NAME	MIDDLI	NAME	SUFFIX
<u> </u>					
to, MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
				1	}
d. TAX ID #: SSN OR EIN AOD'L INFO ORGANIZAT	RE 11e. TYPE OF ORGANIZATION	11f JURISDICTION OF ORGA	NIZATION 11g. OF	RGANIZATIONAL ID #, if a	ту
DEBTOR	ION				
ADDITIONAL SECURED PAR	RTY'S or ASSIGNOR S/P"	S NAME - insert only one hame	(12a or 12b)		·
12a. ORGANIZATION'S NAME					
12b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLI	NAME	SUFFIX
/	/				
c. MAILING ADDRESS	<del></del>	OTÝ .	STATE	POSTAL CODE	COUNTRY
1	1	\ \		1	}
. This FINANCING STATEMENT covers	timber to be cut or as extracted	16. Additional collateral descr	intion:		
collateral, or is filed as a 🗶 fixture filing	J 1 LJ				
. Description of real estate:	\	\ \			
HE SE 1/4 OF SECTION 2					
ANGE 53 EAST, EUREKA	COUNTY, NEVADA.				
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<i>r</i>					
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<ol><li>Name and address of a RECORD OWNE (if Debtor does not have a record interest)</li></ol>		ľ			
	/ /				
AMELE FARMS, INC	/ /		•		
	/ /	17. Check only if applicable at	nd check only one box.		
			Trustee acting with respect to	property held in trust or	Decedent's Es
		18. Check only if applicable at			
THE CONTRACTOR OF THE CONTRACT					
		Deblorie a TRANSMITTIM	CHILITY		
		Debtor is a TRANSMITTIN		vr effective 20 ·	
		Filed in connection with a	G UTILITY Manufactured-Home Transaction—		

FILING OFFICE COPY -- NATIONAL UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (Rev. 07/29/98)