

APN:
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BOOK 430 PAGE 433-434
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Diligenz, Inc.
2006 JAN 19 PM 2:57

EUREKA COUNTY, NEVADA
M.M. REBALEATI, RECORDER
FILE NO. FEES 40

203217

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| A. NAME & PHONE OF CONTACT AT FILER [optional] Diligenz, Inc. 1-800-858-5294 | |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address) 17058399 Prepared By: Diligenz, Inc. 6500 Harbour Heights Pkwy, Suite 400 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 A.G. COMMODITIES, INC | | | | | |
| OR | 1b. INDIVIDUAL'S LAST NAME | | | | |
| | FIRST NAME | MIDDLE NAME | SUFFIX | | |
| 1c. MAILING ADDRESS 7TH STREET DIAMOND VALLEY | | CITY EUREKA | STATE NV | POSTAL CODE 89316 | COUNTRY USA |
| 1d. TAX ID #: SSN OR EIN | ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION Corp. | 1f. JURISDICTION OF ORGANIZATION NV | 1g. ORGANIZATIONAL ID #, if any C4484-1983 | <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 | <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 First National Equipment Financing, Inc | | | | | |
| OR | 3b. INDIVIDUAL'S LAST NAME | | | | |
| | FIRST NAME | MIDDLE NAME | SUFFIX | | |
| 3c. MAILING ADDRESS PO Box 2137 | | CITY Omaha | STATE NE | POSTAL CODE 68103 | COUNTRY USA |

4. This FINANCING STATEMENT covers the following collateral:

PURCHASE MONEY SECURITY INTEREST IN THE FOLLOWING DESCRIBED PROPERTY TOGETHER WITH PROCEEDS THEREOF.
1- 7-TOWER LINDSAY ZIMMATIC CENTER PIVOT IRRIGATION SYSTEM, S/N L90369.

| | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------|----------------------------------------------------------------------------------------------------------|--------------|----------|----------------|
| 5. ALTERNATIVE DESIGNATION (if applicable): | LESSEE/ALESSOR | 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) (optional) | | <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2 | | | |

8. OPTIONAL FILER REFERENCE DATA

009-0015264-000 - A.G. COMMODITIES, INC

17058399

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 A.G. COMMODITIES, 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 or 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 NW 1/4 OF SECTION 26, TOWNSHIP 21 NORTH, RANGE 53 EAST, EUREKA COUNTY, NV

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

A G FARM COMMODITIES, INC

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 30 years