

APN:
07-200-31

BOOK 435 PAGE 125-126
OFFICIAL RECORDS
RECORDED AT THE REQUEST OF
Diligenz
2005 APR 24 AM 10:10

EUREKA COUNTY, NEVADA
M.H. REBALEATI, RECORDER
FILE NO. FEES 40⁰⁰

204534

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) | |
| 18933933 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 JUANITA RUTHEL MARTIN TRUST | | | | | |
| OR | 1b. INDIVIDUAL'S LAST NAME | | | | |
| | FIRST NAME | MIDDLE NAME | SUFFIX | | |
| 1c. MAILING ADDRESS | | | | | |
| 9TH & 101 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 Trust | 1f. JURISDICTION OF ORGANIZATION NV | 1g. ORGANIZATIONAL ID #, if any <input checked="" 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:

SECURITY INTEREST IN THE FOLLOWING DESCRIBED PROPERTY TOGETHER WITH PROCEEDS THEREOF.
1-1310' 7-TOWER LINDSAY ZIMMATIC CENTER PIVOT IRRIGATION SYSTEM, S/N L92381

5. ALTERNATIVE DESIGNATION (if applicable): LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOR SELLER/BUYER AG. LIEN NON-UCC FILING

6. 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) All Debtors Debtor 1 Debtor 2 (ADDITIONAL FEE)

8. OPTIONAL FILER REFERENCE DATA

009-0015648-000 - JUANITA RUTHEL MARTIN TRUST

18933933

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
 OR
 9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME, SUFFIX

JUANITA RUTHEL MARTIN TRUST

10. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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 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:
 SW 1/4 S 13 TOWNSHIP 21NORTH,
 RANGE 53 E, EUREKA CNTY, NV

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

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