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Official Record

Recording requested By AMERICAN AGCREDIT FLCA

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$42.00 Page 1 of 2 RPTT: Recorded By: FES Book- 0453 Page- 0204



UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Sarah Kivisto 775-738-8496 B. SEND ACKNOWLEDGMENT TO: (Name and Address) American AgCredit, FLCA PO Box 2088 Elko, NV 89803

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # 170064 (Real Estate Records Book 319 Page 094) 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.

2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.

3. CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.

4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.

5. AMENDMENT (PARTY INFORMATION): This Amendment affects [X] Debtor or [] Secured Party of record. Check only one of these two boxes.

Also check one of the following three boxes and provide appropriate information in items 6 and/or 7

[] CHANGE name and/or address. Please refer to the detailed instructions in regards to changing the name/address of a party [] DELETE name. Give record name to be deleted in item 6a or 6b. [X] ADD name. Complete item 7a or 7b, and also item 7c, also complete items 7e-7g (if applicable).

6. CURRENT RECORD INFORMATION.

6a ORGANIZATION'S NAME OR 6b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7. CHANGED (NEW) OR ADDED INFORMATION:

7a ORGANIZATION'S NAME Gallagher Farms, LLC OR 7b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

7c MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY HC 62 Box 143 Eureka NV 89316

7d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 7e TYPE OF ORGANIZATION LLC 7f JURISDICTION OF ORGANIZATION Nevada 7g. ORGANIZATIONAL ID #, if any [] NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box.

Describe collateral [] deleted or [] added, or give entire [] restated collateral description, or describe collateral [] assigned.

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check here [] and enter name of DEBTOR authorizing this Amendment.

9a ORGANIZATION'S NAME American AgCredit, FLCA, successor in interest to Intermountain Federal Land Bank Assn., FLCA OR 9b INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

10. OPTIONAL FILER REFERENCE DATA James E. Gallagher Debtor additions

UCC FINANCING STATEMENT AMENDMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

14. INITIAL FINANCING STATEMENT FILE # (same as item 1a on Amendment form)
170064

15. NAME OF PARTY AUTHORIZING THIS AMENDMENT (same as item 9 on Amendment form)

15a. ORGANIZATION'S NAME
American AgCredit, FLCA, Successor in interest to Intermountain

OR

15b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME, SUFFIX

16. MISCELLANEOUS

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17. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (17a or 17b) - do not abbreviate or combine names

17a. ORGANIZATION'S NAME
J&T Farms, LLC

OR

17b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

17c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
HC 62 Box 62143 Eureka NV 89316

17d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 17e. TYPE OF ORGANIZATION 17f. JURISDICTION OF ORGANIZATION 17g. ORGANIZATIONAL ID #, if any
LLC Nevada NONE

18. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (18a or 18b) - do not abbreviate or combine names

18a. ORGANIZATION'S NAME

OR

18b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

18c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

18d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 18e. TYPE OF ORGANIZATION 18f. JURISDICTION OF ORGANIZATION 18g. ORGANIZATIONAL ID #, if any
 NONE

19. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (19a or 19b) - do not abbreviate or combine names

19a. ORGANIZATION'S NAME

OR

19b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

19c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

19d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION DEBTOR 19e. TYPE OF ORGANIZATION 19f. JURISDICTION OF ORGANIZATION 19g. ORGANIZATIONAL ID #, if any
 NONE

20. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only one name (20a or 20b)

20a. ORGANIZATION'S NAME

OR

20b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

20c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY


21. ADDITIONAL SECURED PARTY'S NAME (or Name of TOTAL ASSIGNEE) - insert only one name (21a or 21b)

21a. ORGANIZATION'S NAME

OR

21b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

21c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY

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