

DOC # 0211314

12/10/2007 01.37

Official Record

Recording requested By
IRRIGATION FINANCE SOLUTIONS LLC

Eureka County - NV

Mike Rebaleati - Recorder

Fee: Page 1 of 2
RPTT: Recorded By: FES
Book- 0467 Page- 0192



0211314

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]
800-552-1955

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

IRRIGATION FINANCE SOLUTIONS, LLC
14010 FIRST NATIONAL BANK PKWY
STE 400
OMAHA, NE 68154

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

OR

| | | | |
|--------------------------------------|---------------------|-------------------|--------|
| 1b. INDIVIDUAL'S LAST NAME NEWTON | FIRST NAME DEBRA | MIDDLE NAME L. | SUFFIX |
|--------------------------------------|---------------------|-------------------|--------|

| | | | | |
|--------------------------------------|----------------|-------------|----------------------|---------|
| 1c. MAILING ADDRESS HC 62 BOX 572 | CITY EUREKA | STATE NV | POSTAL CODE 89316 | COUNTRY |
|--------------------------------------|----------------|-------------|----------------------|---------|

| | | | | | |
|----------------------|-----------------------------------|--------------------------|----------------------------------|---------------------------------|-------------------------------|
| 1d. SEE INSTRUCTIONS | ADD'L INFO RE ORGANIZATION DEBTOR | 1e. TYPE OF ORGANIZATION | 1f. JURISDICTION OF ORGANIZATION | 1g. ORGANIZATIONAL ID #, if any | <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. SEE INSTRUCTIONS | 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
IRRIGATION FINANCE SOLUTIONS, LLC

OR

| | | | |
|----------------------------|------------|-------------|--------|
| 3b. INDIVIDUAL'S LAST NAME | FIRST NAME | MIDDLE NAME | SUFFIX |
|----------------------------|------------|-------------|--------|

| | | | | |
|---|---------------|-------------|----------------------|---------|
| 3c. MAILING ADDRESS 14010 FIRST NATIONAL BANK PKWY STE 400 | CITY OMAHA | STATE NE | POSTAL CODE 68154 | COUNTRY |
|---|---------------|-------------|----------------------|---------|

4. This FINANCING STATEMENT covers the following collateral:

1 NEW 7-TOWER 1300' LINDSAY ZIMMATIC CENTER PIVOT IRRIGATION SYSTEM
925' #4 QUAD ELECTRICAL WIRE

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 7. Check to REQUEST SEARCH REPORT(S) on Debtor(s) (if applicable) (ADDITIONAL FEE) (optional) All Debtors Debtor 1 Debtor 2

8. OPTIONAL FILER REFERENCE DATA
0107794-004

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 |
| NEWTON | DEBRA | L. |

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. SEE INSTRUCTIONS | 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:
SECTION 17, TOWNSHIP 21, RANGE 54, EUREKA COUNTY, NV

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

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

