

DOC # 0213262

04/30/2009

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Official RecordRecording requested By
AMERICAN AGCREDIT

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$66.00

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RPTT:

Recorded By: FES

Book- 0487 Page- 0028



0213262

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]

BRIANNE CLARK (775) 738-8496

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

AMERICAN AGCREDIT, FLCA
P.O. BOX 2088
ELKO, NV 89803

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

OR 1b. INDIVIDUAL'S LAST NAME

GALLAGHER

FIRST NAME

JAMES

MIDDLE NAME

E

SUFFIX

1c. MAILING ADDRESS

HC 62 BOX 143

CITY

EUREKA

STATE

NV

POSTAL CODE

89316

COUNTRY

U.S.

1d. SEE INSTRUCTIONS

ADD'L INFO RE
ORGANIZATION
DEBTOR

1e. TYPE OF ORGANIZATION

1f. JURISDICTION OF ORGANIZATION

1g. ORGANIZATIONAL ID #, if any

☐ NONE2. 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

GALLAGHER

FIRST NAME

SUSAN

MIDDLE NAME

M

SUFFIX

2c. MAILING ADDRESS

HC 62 BOX 143

CITY

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STATE

NV

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89316

COUNTRY

U.S.

2d. SEE INSTRUCTIONS

ADD'L INFO RE
ORGANIZATION
DEBTOR

2e. TYPE OF ORGANIZATION

2f. JURISDICTION OF ORGANIZATION

2g. ORGANIZATIONAL ID #, if any

☐ NONE3. 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

OR 3b. INDIVIDUAL'S LAST NAME

AMERICAN AGCREDIT, FLCA

FIRST NAME

MIDDLE NAME

SUFFIX

3c. MAILING ADDRESS

P.O. BOX 2088

CITY

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STATE

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U.S.

4. This FINANCING STATEMENT covers the following collateral:

ALL FIXTURES, EQUIPMENT, MACHINERY, PARTS, ATTACHMENTS, ACCESSIONS AND REPLACEMENTS, INCLUDING BUT NOT LIMITED TO THE ITEMS MORE PARTICULARLY DESCRIBED IN EXHIBIT A, ATTACHED HERETO AND MADE A PART HEREOF. THE ABOVE GOODS ARE OR ARE TO BECOME FIXTURES ON THE REAL PROPERTY MORE PARTICULARLY DESCRIBED IN EXHIBIT A, ATTACHED HERETO.

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) [ADDITIONAL FEE] [optional] ☒ All Debtors ☐ Debtor 1 ☐ Debtor 2

8. OPTIONAL FILER REFERENCE DATA

EUREKA COUNTY UCC FILING TO REPLACE ORIG FILE #170064(GALLAGHER FARMS)

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
GALLAGHER	JAMES	E

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			
J&T FARMS, LLC			
OR			
11b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
11c. MAILING ADDRESS		CITY	STATE
HC 62 BOX 62143		EUREKA	NV
		POSTAL CODE	COUNTRY
		89316	U.S.
11d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION
		LLC	NEVADA
			11g. ORGANIZATIONAL ID #, if any
			<input checked="" 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:

16. Additional collateral description:

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

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



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OR

9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

GALLAGHER

JAMES

E

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OR

11b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

GALLAGHER

J

TRAVIS

11c. MAILING ADDRESS

CITY

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POSTAL CODE

COUNTRY

HC 62 BOX 143

EUREKA

NV

89316

U.S.

11d. SEE INSTRUCTIONS

ADD'L INFO RE
ORGANIZATION
DEBTOR

11e. TYPE OF ORGANIZATION

11f. JURISDICTION OF ORGANIZATION

11g. ORGANIZATIONAL ID #, if any

☐ NONE

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12a. ORGANIZATION'S NAME

OR

12b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

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☐ Filed in connection with a Public-Finance Transaction — effective 30 years

Exhibit A

Attached to UCC-1 Financing Statement dated 04/15/98 (Eureka County Filing)

The real property herein is situated at:

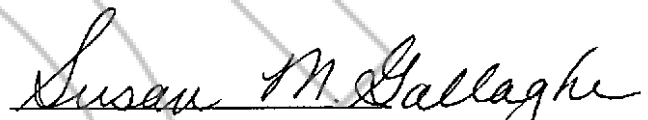
TOWNSHIP 21 NORTH, RANGE 54 EAST, MDB&M.

Section 4: Lots 1, 2 and 3; S 1/2 NE 1/4; SE 1/4 NW 1/4

Fixures include, but are not limited to:

- 1) Zimmatic 10 Tower Center Pivot, Model 310
- 2) GE 150 HP Motor, Model 5K6277XH8A, SN GJJ72516
- 3) Aurora Vertiline Pump, SN 3767029
- 4) Zimmatic 9 Tower Center Pivot, Model 307-410-507, SN 116042


James E. Gallagher


Susan M. Gallagher