

Official Record

Recording Requested By STEWART TITLE ELKO

Eureka County - NV Mike Rebaleati - Recorder

Fee: \$60.00

Page: 001 of 002

RPTT: \$0.00

Recorded By FS

Book- 0514 Page- 0186



0217097

UCC FINANCING STATEMENT FOLLOW INSTRUCTIONS (front back) CAREFULLY

1038715-21

A. NAME & PHONE OF CONTACT AT FILER (optional)
B. SEND ACKNOWLEDGMENT TO: (Name and Address)
FARM SERVICE AGENCY
555 W SILVER STREET Ste. 101
ELKO NV 89801

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 FIRST NAME MIDDLE NAME SUFFIX
BROWN SHERIE W
1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
HC 65 Box 5 CARLIN NV 89822
1d. TAX ID #: SSN OR EIN ADD'L INFO RE ORGANIZATION DEBTOR 1e. TYPE OF ORGANIZATION 1f. JURISDICTION OF ORGANIZATION 1g. ORGANIZATIONAL ID #, if any

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. ORGANIZATION ID #, if any

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
UNITED STATES OF AMERICA ACTING THROUGH THE U.S. DEPARTMENT OF AGRICULTURE, FARM SERVICE AGENCY
OR 3b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX
3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
555 W SILVER STREET STE 101 ELKO NV 89801

- 4. This FINANCING STATEMENT covers the following collateral:
1. This Financing Statement covers the following types of collateral (including proceeds and products thereof):
(a). Farm and other irrigation equipment
2. Disposition of such collateral is not hereby authorized.

5. ALTERNATIVE DESIGNATION (if applicable): LESSEE/LESSOR CONSIGNEE/CONSIGNOR BAILEE/BAILOB SELLER/BUYER A.G. LIEN NON-UCC FILING
6. This FINANCING STATEMENT is to 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 FINANCING STATEMENT ADDENDUM

FOLLOW INSTRUCTIONS (front 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  
 BROWN      SHERIE      W.

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. TAXID#: 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:  
 APN: 005-140-02, 005-140-09, 005-140-11, 005-140-12, 005-150-02, 005-160-07

Parcel 1  
 Township 31N, Range 52E, Section 19 & Section 29 W1/2W1/2  
 Township 31N, Range 51E, parts of Section 3, parts of section 9, Section 13, Section 15 S1/2NW1/4, Section 23, Section 25, Section 27 E1/2NE1/4  
 Parcel 2  
 Township 31N, Range 51E Section 12, 14, 24, 26, Township 31 N, Range 52 East, parts of section 18, Section 30  
 Township 31N, Range 52E, Section 20 SW1/4NE1/4; W1/2; W1/2SE1/4, Section 29 E1/2W1/2; E1/2, Section 32 NE1/4; NE1/4SE1/4

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

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



0217097

Book: 514 05/06/2011  
 Page: 187 Page: 2 of 2

FORM UCC1Ad (REV. 07/29/98)