

DOC # 0218753

10/07/2011 03:39 PM

Official Record

Recording requested By
USDA FARM SERVICE

Eureka County - NV
Mike Rebaleati - Recorder

Fee: \$60.00 Page 1 of 2
RPTT: Recorded By: FES
Book- 524 Page- 0080



0218753

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front back) CAREFULLY

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

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
GROTH DANIEL E

1c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY
PO BOX 662 EUREKA NV 89316

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 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. ORGANIZATION ID #, if any 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
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). Crops, livestock, other farm products, farm and other equipment to include all irrigation equipment, supplies, inventory, and contract rights.
 (b). All accounts, general intangibles, gross receipts, including co-op retains, equities and revolving funds derived from or related to debtor's farmland or farming activities, additionally including, but not limited to, cooperative stock or certificates base acres, accounts receivable, and proceeds from the Commodity Credit Corporation programs.
 (c). 1983 Champion 24 X 48 S/N 24385085732.

2. Disposition of such collateral is not hereby authorized.

3. Any good described in 1(c) above which are to become fixtures are affixed to real estate.

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

NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 07/29/98)

FILING OFFICE COPY ACKNOWLEDGMENT COPY SEARCH REPORT COPY DEBTOR COPY SECURED PARTY COPY

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 GROTH	FIRST NAME DANIEL	MIDDLE NAME, SUFFIX E.
-------------------------------------	----------------------	---------------------------

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

10 MISCELLANEOUS:

11. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only one name (11a or 11 b). 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: 007-200-07
 804 11TH STREET
 EUREKA NY
 Township 21 North, Range 53 East, M.D.B. & M
 Section 2: Lots 5 and 6; S1/2NW1/4;SW1/4;

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

NATIONAL UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 07/29/98)

FILING OFFICE COPY ACKNOWLEDGMENT COPY SEARCH REPORT COPY DEBTOR COPY SECURED PARTY COPY