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Official Record

Recording requested By
CORPORATION SERVICE CO

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$62.00

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RPTT:

Recorded By: FES

Book- 549 Page- 0058

007-400-07

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Corporation Service Company 1-800-858-5294	
B. SEND ACKNOWLEDGMENT TO: (Name and Address) 75223698 - 348910 Corporation Service Company 801 Adlai Stevenson Drive Springfield, IL 62703-4261 Filed In: Nevada Eureka	



0224128

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> debtor name (1a or 1b) - do not abbreviate or combine names					
1a. ORGANIZATION'S NAME American Pet Diner, Inc., A Close Corporation a					
OR	1b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
1c. MAILING ADDRESS HC 62 Box 186			CITY Eureka	STATE NV	POSTAL CODE 89316
					COUNTRY USA
1d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION Corp.	1f. JURISDICTION OF ORGANIZATION NEVADA	1g. ORGANIZATIONAL ID #, if any	
				<input checked="" type="checkbox"/> NONE	
2. ADDITIONAL DEBTOR'S EXACT FULL LEGAL NAME - insert only <u>one</u> debtor name (2a or 2b) - do not abbreviate or combine names					
2a. ORGANIZATION'S NAME					
OR	2b. INDIVIDUAL'S LAST NAME Marshall		FIRST NAME Lisa	MIDDLE NAME M.	SUFFIX
2c. MAILING ADDRESS HC 62 Box 186			CITY Eureka	STATE NV	POSTAL CODE 89316
					COUNTRY USA
2d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION Sole Proprietor	2f. JURISDICTION OF ORGANIZATION Nevada	2g. ORGANIZATIONAL ID #, if any	
				<input checked="" type="checkbox"/> NONE	
3. SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE of ASSIGNOR S/P) - insert only <u>one</u> secured party name (3a or 3b)					
3a. ORGANIZATION'S NAME FARM CREDIT LEASING SERVICES CORPORATION					
OR	3b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
3c. MAILING ADDRESS 600 HWY 169 S, SUITE #300			CITY MINNEAPOLIS	STATE MN	POSTAL CODE 55426
					COUNTRY USA
4. This FINANCING STATEMENT covers the following collateral: 1 / 2013 / Hunterwood Technologies Ltd / Forage Compactor / Hay Press This financing statement is filed for precautionary purposes only. The assets described in the collateral description above are owned by the Secured Party and are leased (or are intended to be leased) to the Debtor pursuant to the terms and conditions of the applicable lease documents between the Secured Party (as lessor thereunder) and the Debtor (as lessee thereunder) now in effect or anticipated to be executed by the parties. The Secured Party and the Debtor regard such lease to be a true lease and not a lease intended as security.					
5. ALTERNATIVE DESIGNATION (if applicable): <input type="checkbox"/> LESSEE/LESSOR <input type="checkbox"/> CONSIGNEE/CONSIGNOR <input type="checkbox"/> BAILEE/BAILOR <input type="checkbox"/> SELLER/BUYER <input type="checkbox"/> AG. LIEN <input type="checkbox"/> NON-UCC FILING					
6. <input checked="" type="checkbox"/> 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) (optional) <input type="checkbox"/> All Debtors <input type="checkbox"/> Debtor 1 <input type="checkbox"/> Debtor 2					
8. OPTIONAL FILER REFERENCE DATA 001-0038060-000					

75223698

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 American Pet Diner, Inc., A Close Corporation a		
OR		
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX

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	
Marshall	Reese	W.		
11c. MAILING ADDRESS HC 62 Box 186	CITY	STATE	POSTAL CODE	COUNTRY
	Eureka	NV	89316	USA
11d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION	11g. ORGANIZATIONAL ID #, if any
		Sole Proprietor	Nevada	<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:

Parcel 2 as shown on that certain Parcel Map for EUREKA PRODUCERS COOPERATIVE filed in the office of the County Recorder of Eureka County, State of Nevada, on July 20, 1999, as File No. 172351, being a portion of S1/2 SE1/4 of Section 18, Township 21 North, Range 53 East, MDB&M.

TOGETHER WITH all buildings and improvements situate thereon.

TOGETHER WITH the tenements, hereditaments

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

Reese W. Marshall
Lisa M. Marshall

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

