
UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) Phone: (800) 331-3282 Fax: (818) 662-4141	
B. E-MAIL CONTACT AT FILER (optional) CLS-CTLS_Glendale_Customer_Service@wolterskluwer.	com
C. SEND ACKNOWLEDGMENT TO: (Name and Address) 14060 - FARM CRE	DIT SERVICES
CT Lien Solutions 393 P.O. Box 29071	316850
Glendale, CA 91209-9071 NV	NV
FIX	TURE
File with: Eureka, NV	

DOC # 0224684

08/09/2013

2:07 PM

Official
Recording requested By
CT LIEN SOLUTIONS Record

Eureka County - NV Mike Rebaleati - Recorder

Fee: **\$60.00** RPTT:

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Recorded By: LLd

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

_	(115 (4)411) E	., ., .,				
			Il name; do not omit, modify, or abbreviate			
na	ame will not fit in line 1b, leave all of item	1 blank, check here and pro	vide the Individual Debtor information in ite	m 10 of the Financir	ng Statement Addendum (F	Form UCC1Ad)
	1a. ORGANIZATION'S NAME					
	Sadler Ranch, LLC			/ /		
OR	1b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDIT	IONAL NAME(S)INITIAL(S)	SUFFIX
) 1/		
1c. /	MAILING ADDRESS		CFTY	STATE	POSTAL CODE	COUNTRY
PC	D Box 831		Forest Knolls	/ CA	94933	USA
2. D	EBTOR'S NAME: Provide only one Debt	or name (2a or 2b) (use exact, fu	Il name; do not omit, modify, or abbreviate	any part of the Debt	or's name); if any part of th	ne Individual Debtor's
กล	ame will not fit in line 2b, leave all of item	2 blank, check here and pro	vide the Individual Debtor information in ite	m 10 of the Financi	ng Statement Addendum (Form UCC1Ad)
	2a. ORGANIZATION'S NAME					· · · · · · · · · · · · · · · · · · ·
		/ _		1		
OR	2b. INDIVIDUAL'S SURNAME	/ /	FIRST PERSONAL NAME	ADDIT	TONAL NAME(S)/INITIAL(S)	SUFFIX
	/			. \		
2¢. l	MAILING ADDRESS		CITY	STATE	E POSTAL CODE	COUNTRY
3. SI	ECURED PARTY'S NAME (or NAME of A	ASSIGNEE of ASSIGNOR SECU	RED PARTY): Provide only one Secured I	arty name (3a or 3	b)	
	3a. ORGANIZATION'S NAME		/ /			
,	FARM CREDIT SERVICES	OF AMERICA, PCA	\ \			
OR	3b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDR	TIONAL NAME(S)INITIAL(S)	SUFFIX
		\ \				İ
3c. 1	MAILING ADDRESS	1	CITY	STATI	E POSTAL CODE	COUNTRY
P	D BOX 2409		Omaha	NE	68103	USA
4. C	OLLATERAL: This financing statement c	overs the following collateral:				
8-	450 UD 14 4 00000000	76.				

GE 150 HP Motor 23063362

Western 600' Wheel Line 13-042 Western 800' Wheel Line 13-043 Western WHEEL LINE 800' 13-044

Western 600' Wheel Line 13-041

Western 1180' Wheel Line 13-045

Yaskawa VFDY1B208NE Variable Frequency Drive 13885

5, Check <u>only</u> if applicable and check	only one box: Collateral is ☐held in a	Trust (see UCC1Ad, item 17 a	nd Instructions)	being administered by a De	cedent's Personal Representative
6a. Check <u>only</u> if applicable and chec	k <u>only</u> one box;			6b. Check only if applicable	e and check <u>only</u> one box;
Public-Finance Transaction	Manufactured-Home Transacti	on A Debtor is a Trans	smitting Utility	Agricultural Lien	Non-UCC Filing
7. ALTERNATIVE DESIGNATION (if a	applicable): Lessee/Lessor	Consignee/Consignor	Seller/Buye	er Bailee/Bailor	Licensee/Licensor
8. OPTIONAL FILER REFERENCE D	ATA:				
39316850	267			152304243	

FARM CREDIT SERVICES OF

File with: Eureka, NV

267 152304243

17. MISCELLANEOUS: 39316850-NV-11 14060 - FARM CREDIT SERVICES