

DOC# 232881

04/14/2017

10:50AM

Official Record

Requested By

STEWART TITLE ELKO

Eureka County - NV

Lisa Hoehne - Recorder

Page: 1 of 1 Fee: \$60.00

Recorded By CH RPTT: \$0.00

Book- 0600 Page- 0379



0232881

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) MARYANNE WEBSTER 775-738-6445
B. E-MAIL CONTACT AT FILER (optional) MARYANNE.WEBSTER@NV.USDA.GOV
C. SEND ACKNOWLEDGMENT TO: (Name and Address) USDA ELKO/EUREKA FARM SERVICE AGENCY 555 WEST SILVER STREET, SUITE 101 ELKO, NV 89801

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME: Provide only one Debtor name (1a or 1b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME				
OR	1b. INDIVIDUAL'S SURNAME ROPP	FIRST PERSONAL NAME DELMAR	ADDITIONAL NAME(S)/INITIAL(S) LYNN	SUFFIX
1c. MAILING ADDRESS HC 62 BOX 62094	CITY EUREKA	STATE NV	POSTAL CODE 89316-9600	COUNTRY USA

2. DEBTOR'S NAME: Provide only one Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here ☐ and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME				
OR	2b. INDIVIDUAL'S SURNAME ROPP	FIRST PERSONAL NAME TRENNIS	ADDITIONAL NAME(S)/INITIAL(S) LOYAL	SUFFIX
2c. MAILING ADDRESS HC 62 BOX 62094	CITY EUREKA	STATE NV	POSTAL CODE 89316-9600	COUNTRY USA

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY): Provide only one Secured Party name (3a or 3b)

3a. ORGANIZATION'S NAME United States of America Acting through the US Department of Agriculture Farm Service Agency				
OR	3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS 555 WEST SILVER STREET, SUITE 101	CITY ELKO	STATE NV	POSTAL CODE 89801	COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:

1. This Financing Statement covers the following types of collateral (including proceeds and products thereof):

(a). Non-moveable irrigation equipment owned and future purchases to include the following: 2002 Electric Panel Bensha #S200001925, 2013 Electric Panel Electro Pro #2287, 2004 Electric Panel GE #975441, 2012 Electric Panel Joilet Tech #1045-001, 2014 Electric Panel Electric Power #2762, Electric Panel Square D. #85901011828, 1982 Irr-Pivot #1 Valley 7-Tower, 1980 Irr-Pivot #2, Zimmatic, 7-Tower, 1980 Irr-Pivot #3, Zimmatic, 7-Tower, 1,200 Gal. Pump Motor #1; 125 HP, J-Line, GE #CJJ328108, 1,400 Gal. Pump Motor #2;; 125 HP, Aorora GE #ENU504137, 700 Gal. Pump Motor #3; 100 HP GE #DLJ416156.

(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.

2. Disposition of such collateral is not hereby authorized.

5. Check only if applicable and check only one box. Collateral is ☐ held in a Trust (see UCC1Ad, item 17 and Instructions) ☐ being administered by a Decedent's Personal Representative

6a. Check only if applicable and check only one box:

☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box:

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licenser

8. OPTIONAL FILER REFERENCE DATA: