

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

EUREKA COUNTY, NV

UCC-UC1

Rec:\$60.00

Total:\$60.00

USDA FARM SERVICE AGENCY

2022-248767

09/16/2022 02:19 PM

Pgs=1

A. NAME & PHONE OF CONTACT AT FILER (optional)

ALICIA BENGOCHEA

B. E-MAIL CONTACT AT FILER (optional)

alicia.bengochea@usda.gov

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

USDA Farm Service Agency
3275 Fountain Way, Suite 1
Winnemucca, NV 89445



00016514202202487670010015

KATHERINE J. BOWLING, CLERK RECORDER

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

GROTH

FIRST PERSONAL NAME

DANIEL

ADDITIONAL NAME(S)/INITIAL(S)

EVAN

SUFFIX

CITY

EUREKA

STATE

NV

POSTAL CODE

89316-0343

COUNTRY

1c. MAILING ADDRESS

PO BOX 343

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

FIRST PERSONAL NAME

ADDITIONAL NAME(S)/INITIAL(S)

SUFFIX

CITY

STATE

POSTAL CODE

COUNTRY

2c. MAILING ADDRESS

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

CITY

ELKO

STATE

NV

POSTAL CODE

89801

COUNTRY

3c. MAILING ADDRESS

555 W. SILVER ST., SUITE 101

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) CROPS, LIVESTOCK, OTHER FARM PRODUCTS, FARM AND OTHER 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 243850S5732

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

☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable): ☐ Lessee/Lessor

☐ Consignee/Consignor

☐ Seller/Buyer

☐ Bailee/Bailor

☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA:

International Association of Commercial Administrators (IACA)