

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)
Rowena A. Chase (541) 883-6924 Fxt. 108

B. SEND ACKNOWLEDGMENT TO: (Name and Address)

USDA/Farm Service Agency
2316 South Sixth Street, Suite C
Klamath Falls, OR 97601

State of Oregon, County of Klamath

Recorded 05/22/2002 3:55 p.m.

Vol M02, Pg 30538-39

Linda Smith, County Clerk

Fee \$ 26.00 # of Pgs 2

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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

BLACKMAN FARMS INC.

OR 1b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

1c. MAILING ADDRESS

7243 Reeder Road

CITY

Klamath Falls

STATE

OR

POSTAL CODE

97601

COUNTRY

USA

1d. TAX ID #: SSN OR EIN

93-0778203

ADD'L INFO RE
ORGANIZATION
DEBTOR

1e. TYPE OF ORGANIZATION

Corporation

1f. JURISDICTION OF ORGANIZATION

Oregon

1g. ORGANIZATIONAL ID #, if any

149501-17

☐ NONE2. 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

BLACKMAN

FIRST NAME

Rodney

MIDDLE NAME

B

SUFFIX

2c. MAILING ADDRESS

7243 Reeder Road

CITY

Klamath Falls

STATE

OR

POSTAL CODE

97603

COUNTRY

USA

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

☐ NONE3. 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

OR UNITED STATES OF AMERICA acting through FARM SERVICE AGENCY

3b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME

SUFFIX

3c. MAILING ADDRESS

2316 South Sixth Street, Suite C

CITY

Klamath Falls

STATE

OR

POSTAL CODE

97601

COUNTRY

USA

4. This FINANCING STATEMENT covers the following collateral:

- (a) All crops, livestock, farm products, equipment, certification of title, goods, supplies, inventory, accounts, deposit accounts, supporting obligations, contract rights, payment intangibles, general intangibles, investment property, gross receipts, equities, revolving funds, crop insurance indemnity payments, and all entitlements, benefits, and payments from all State and Federal farm programs;
- (b) Complete irrigation equipment(s) including but not limited to any additions or replacements thereof;
- (c) All proceeds, products, accessions, and security acquired hereafter.

DISPOSITION OF SUCH COLLATERAL IS NOT HEREBY AUTHORIZED.

5. ALTERNATIVE DESIGNATION (if applicable): ☐ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAILOR ☐ SELLER/BUYER ☐ A G. LIEN ☐ NON-UCC FILING6. ☒ 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) [ADDITIONAL FEE] (optional) ☐ All Debtors ☐ Debtor 1 ☐ Debtor 2

8. OPTIONAL FILER REFERENCE DATA

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 BLACKMAN FARMS INC.		
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME MIDDLE NAME, SUFFIX

10. MISCELLANEOUS:

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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 BLACKMAN	FIRST NAME KEITH	MIDDLE NAME D.	SUFFIX
11c. MAILING ADDRESS 4180 Hwy 39		CITY Klamath Falls	STATE OR	POSTAL CODE 97603
11d. TAXID#: SSN OR EIN		ADD'L INFO RE ORGANIZATION DEBTOR	11e. TYPE OF ORGANIZATION	11f. JURISDICTION OF ORGANIZATION
			11g. ORGANIZATIONAL ID#, if any	<input 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:

Owner: Blackman Land Co. Legal Description:
The following described real property situated in Klamath County, Oregon, lying Easterly of the U.S.B.R. No. 2 Drain.

A tract of land situated in Sec. 20, Twsp 39S, R10 E, WM, more particularly described as follows: All fo the SW $\frac{1}{4}$ SE $\frac{1}{4}$ and S $\frac{1}{2}$ SW $\frac{1}{4}$ Sec 20, and all that portion f the NW $\frac{1}{4}$ SW $\frac{1}{4}$ of said Sec. described as follows: Beginning at the SW corner of the NW $\frac{1}{4}$ SW $\frac{1}{4}$ of said Sec 20; thence N on the W section line of said Sec a distance of 223 ft; thence E 677 ft; thence N 437 ft; thence E 313 ft; thence S 660 ft; thence West

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

Blackman Land Co. an Oregon Partnership

16. Additional collateral description:

990 feet to the point of beginning. EXCEPT any portion thereof lying within the boundaries of Crystal Springs Road.

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 Estate18. 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