

03 MAR 26 AM 9:31

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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front back) CAREFULLY

State of Oregon, County of Klamath

Recorded 03/26/2003 4:31 PM

Vol M03 Pg 18124-25

Linda Smith, County Clerk

Fee \$ 26 # of Pgs 2

A. NAME & PHONE OF CONTACT AT FILER [optional] Rowena A. Chase (541) 883-6924 Ext. 108	
B. SEND ACKNOWLEDGMENT TO: (Name and Address) USDA/Farm Service Agency 2316 South Sixth Street Suite C Klamath Falls, OR 97601	

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			
OR	1b. INDIVIDUAL'S LAST NAME MALLAMS		FIRST NAME THOMAS
1c. MAILING ADDRESS PO BOX 249		CITY Beatty	MIDDLE NAME W.
1d. TAX ID #: SSN OR EIN		STATE OR	POSTAL CODE 97621
ADD'L INFO RE ORGANIZATION DEBTOR		1e. TYPE OF ORGANIZATION	COUNTRY USA
1f. JURISDICTION OF ORGANIZATION		1g. ORGANIZATIONAL ID #, if any	
<input type="checkbox"/> NONE			

2. 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 MALLAMS		FIRST NAME BEVERLY
2c. MAILING ADDRESS PO BOX 249		CITY Beatty	MIDDLE NAME S
2d. TAX ID #: SSN OR EIN		STATE OR	POSTAL CODE 97621
ADD'L INFO RE ORGANIZATION DEBTOR		2e. TYPE OF ORGANIZATION	COUNTRY USA
2f. JURISDICTION OF ORGANIZATION		2g. ORGANIZATION ID #, if any	
<input type="checkbox"/> NONE			

3. 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 UNITED STATES OF AMERICA acting through FARM SERVICE AGENCY			
OR	3b. INDIVIDUAL'S LAST NAME		FIRST NAME
3c. MAILING ADDRESS 2316 S 6th St., Suite C		CITY Klamath Falls	MIDDLE NAME
		STATE OR	POSTAL CODE 97601
		COUNTRY USA	

4. This FINANCING STATEMENT covers the following collateral:

1. All crops, livestock, farm products, equipment, certificates 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;
 2. Complete irrigation system and fixtures;
 3. All proceeds, products, accessions, and security acquired hereafter.
- DISPOSITION OF SUCH COLLATERAL IS NOT HEREBY AUTHORIZED.

See attachment A

5. ALTERNATIVE DESIGNATION (if applicable):		LESSEE/LESSOR	CONSIGNEE/CONSIGNOR	BAILEE/BAILOR	SELLER/BUYER	A G. LIEN	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) (ADDITIONAL FEE) (optional)		All Debtors		Debtor 1	Debtor 2
8. OPTIONAL FILER REFERENCE DATA USDA/Farm Service Agency by: ROWENA A. CHASE <i>Rowena A. Chase</i>							

UCC FINANCING STATEMENT ADDENDUM

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9. NAME OF FIRST DEBTOR (1a or 1b) ON RELATED FINANCING STATEMENT

9a. ORGANIZATION'S NAME

OR

9b. INDIVIDUAL'S LAST NAME

FIRST NAME

MIDDLE NAME, SUFFIX

MALLAMS

THOMAS

W

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

MALLAMS

BEVERLY

S

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

PO Box 249

BEATTY

OR

97621

USA

11d. TAXID#: SSN OR EIN

ADD'L INFO RE
ORGANIZATION
DEBTOR

11e. TYPE OF ORGANIZATION

11f. JURISDICTION OF ORGANIZATION

11g. ORGANIZATIONAL ID#, if any

☐ 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 1: The S $\frac{1}{2}$ of the SE $\frac{1}{4}$ of the SW $\frac{1}{4}$ and the W $\frac{1}{2}$ of the SW $\frac{1}{4}$ all S 35, T35S, R12E of the WM, in the County of Klamath, State of Oregon. Tax Acct: #3512-03500-02500Q and #3512-03500-03700.

PARCEL 2: THE SE $\frac{1}{4}$ and the NW $\frac{1}{4}$, the SW $\frac{1}{4}$ of the NE $\frac{1}{4}$ and the W $\frac{1}{2}$ of the SE $\frac{1}{4}$ of the NE $\frac{1}{4}$ all S2, T36, R12 E of the Willamette Meridian, in the County of Klamath, State of Oregon, Tax #3612-00000-00200, 3612-00000-00400, 3612-00000-00500, and 3612-002A0-03400

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

MALLAMS, Thomas W and Beverly S.

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