

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

State of Oregon, County of Klamath

Recorded 04/28/2003 3:16 p m.Vol M03 Pg 27317-18

Linda Smith, County Clerk

Fee \$ 26.00 # 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)

OC
USDA/FARM SERVICE AGENCY
2316 SOUTH SIXTH STREET
SUITE C
KLAMATH FALLS, OREGON 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

RANDALL

FIRST NAME

ROBERT

MIDDLE NAME

LOUIS

SUFFIX

1c. MAILING ADDRESS

45859 GERBER ROAD

CITY

BONANZA

STATE

OR

POSTAL CODE

97623

COUNTRY

USA

1d.

ADD'L INFO RE
ORGANIZATION
DEBTOR

1e. TYPE OF ORGANIZATION

1f. JURISDICTION OF ORGANIZATION

1g. ORGANIZATIONAL ID #, if any

☐ 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

RANDALL

FIRST NAME

JULIE

MIDDLE NAME

ANN

SUFFIX

2c. MAILING ADDRESS

45859 GERBER ROAD

CITY

BONANZA

STATE

OR

POSTAL CODE

97623

COUNTRY

USA

2d.

ADD'L INFO RE
ORGANIZATION
DEBTOR

2e. TYPE OF ORGANIZATION

2f. JURISDICTION OF ORGANIZATION

2g. ORGANIZATIONAL 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

3b. INDIVIDUAL'S LAST NAME

UNITED STATES OF AMERICA acting through FARM SERVICE AGENCY

FIRST NAME

MIDDLE NAME

SUFFIX

3c. MAILING ADDRESS

2316 SOUTH 6TH STREET, SUITE C

CITY

KLAMATH FALLS

STATE

OR

POSTAL CODE

97601

COUNTRY

USA

4. This FINANCING STATEMENT covers the following collateral:

1. All crops, livestock, farm products, equip, cert. of titles, 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 products;
2. 15 HP Pump, Fairbanks, Morse; SN#365774;
3. All proceeds, products, accessions, and security acquired hereafter.

DISPOSITION OF COLLATERAL IS NOT HEREBY AUTHORIZED

ROBERT L. RANDALL

JULIE RANDALL

5. ALTERNATIVE DESIGNATION (if applicable):

☐ LESSEE/LESSOR☐ CONSIGNEE/CONSIGNOR☐ BAILEE/BAIOLR☐ SELLER/BUYER☐ AG. 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. See Instruction Debtor(s)

8. OPTIONAL FILER REFERENCE DATA

USA acting through Farm Service Agency by: Rowena Chase

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

OR

9b. INDIVIDUAL'S LAST NAME

RANDALL

FIRST NAME

ROBERT

MIDDLE NAME, SUFFIX

L.

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

FIRST NAME

MIDDLE NAME

SUFFIX

11c. MAILING ADDRESS

CITY

STATE

POSTAL CODE

COUNTRY

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.

16. Additional collateral description:

14. Description of real estate:

Gov't lots 3 & 4, & the SE1/4, SW1/4 Sec 18, T40S
R 14 E W M.
45805 Gift Rd.

- Bonanza, Or 97623

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

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