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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] Rowena A. Chase (541) 883-6924 (108)	
B. SEND ACKNOWLEDGMENT TO: (Name and Address) <div>USDA/Farm Service Agency 2316 South 6th Street Suite C Klamath Falls, OR 97601</div>	

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. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	1e. TYPE OF ORGANIZATION	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 RANDALL		FIRST NAME JULIE	MIDDLE NAME ANN	SUFFIX
2c. MAILING ADDRESS 45859 GERBER ROAD		CITY BONANZA	STATE OR	POSTAL CODE 97623	COUNTRY USA
2d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	2e. TYPE OF ORGANIZATION	2f. JURISDICTION OF ORGANIZATION		2g. ORGANIZATIONAL 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 THRU FARM SERVICE AGENCY					
OR	3b. INDIVIDUAL'S LAST NAME		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:

- a. 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.
- b. 15 HP Pump, Fairbanks, Morse; SN 365774; and
- c. All proceeds, products, accessions, and security acquired hereafter. Disposition of such collateral is NOT hereby authorized.
- Government Lots 3 & 4, & the SE 1/4 , SW 1/4 Section 18, T40S R 14 EWM. 45805 Gift Road, Bonanza, OR 97623

5. ALTERNATIVE DESIGNATION [if applicable]: ☐ LESSEE/LESSOR ☐ CONSIGNEE/CONSIGNOR ☐ BAILEE/BAILOR ☐ SELLER/BUYER ☐ AG. LIEN ☐ NON-UCC FILING

6. ☒ 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

USDA/Farm Service Agency by: ROWENA A. CHASE