| MTC88885-KR | | | 2010-012759 Klamath County, Oregon | | | | | |
|-----------------------|---|---|---|--------------------|-----------------------------------|-------------------|--|--|
| | C FINANCING STATEMENT | | 000923 11/01/2010 | | 001275900100 ² 2 AM | Fee: \$37.00 | | |
| A.N. | AME & PHONE OF CONTACT AT FILER [optional] owena A. Chase (541) 883-6924 Ext. 108 END ACKNOWLEDGMENT TO: (Name and Address) USDA/Farm Service Agency 2316 South 6th Street Suite C Klamath Falls, OR 97601 | 7 | 2011- Klamat 000950 | h Coun | ty, Oregon | 31 Fee: \$47.0 | | |
| | Kiamaur Fans, OK 57001 | | THE ABOVE SP | ACE IS FOR | R FILING OFFICE U | SE ONLY | | |
| 1. D | EBTOR'S EXACT FULL LEGAL NAME - insert only one debtor name (1 | la or 1b) - do not abbreviate or | | | | | | |
| OR | 1a. ORGANIZATION'S NAME 1b. INDIVIDUAL'S LAST NAME | FIRST NAME KEVIN | MIDDLE NA | | SUFFIX | | | |
| 1c. l | SMITH | CITY | | STATE | POSTAL CODE | COUNTRY | | |
| | 1740 NORTH MALIN ROAD | MALIN | | OR | 97632 | USA | | |
| | ADD'L INFO RE ORGANIZATION DEBTOR S EXACT FULL LEGAL NAME - insert only one | | | | | NONE | | |
| OR | 2b. INDIVIDUAL'S LAST NAME | FIRST NAME | | MIDDLE N | AME | SUFFIX | | |
| | | | | 107475 | TPÖSTAL CODE | COUNTRY | | |
| 2c. | MAILING ADDRESS | CITY | | STATE | POSTAL CODE | COONTRI | | |
| 2d. | SEE INSTRUCTIONS ADD'L INFO RE 2e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR | 2f. JURISDICTION OF ORG | ANIZATION | 2g. ORGAI | NIZATIONAL ID #, if an | NONE | | |
| 3. \$ | SECURED PARTY'S NAME (or NAME of TOTAL ASSIGNEE OF ASSIGN | NOR S/P) - insert only one secu | red party name (3a or 3 | (b) | | | | |
| OR | 33. ORGANIZATION'S NAME UNITED STATES OF AMERICA acting to 3b. INDIVIDUAL'S LAST NAME | nrough FARM SERVICE AG | | ENCY MIDDLE NAME | | SUFFIX | | |
| | MAILING ADDRESS 316 SOUTH 6TH STREET, STE C | KLAMATH FA | ALLS | STATE OR | POSTAL CODE 97601 | COUNTRY | | |
| a d p b b | All crops, livestock, farm products, equipments accounts, supporting obligations, controperty, gross receipts, equities, revolving furthernefits, and payments from all State and Fed. Complete irrigation equipment, machinery analer); and All proceeds, products, accessions, and sectorises. | ract rights, paymends, crop insuraneral farm prograneral farm equipmeurity acquired her | ent intangible ce indemnity as. at (wheel line | s, gener paymer | nts, and all er | atitlements, | | |

401 FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT (FORM UCC1) (REV. 3/10)

8. OPTIONAL FILER REFERENCE DATA Farm Service Agency (FSA) by:

LESSEE/LESSOR

This FINANCING STATEMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. Attach Addendum [if applicable]

Kowens

CONSIGNEE/CONSIGNOR

BAILEE/BAILOR

Chase

SELLER/BUYER

7. See Instruction Debtor(s)

AG, LIEN NON-UCC FILING

Instructions for National UCC Financing Statement (Form UCC1)

Please type or laser-print this form. Be sure it is completely legible. Read all Instructions, especially Instruction 1; correct Debtor name is crucial

Follow Instructions completely.

Fill in form very carefully; mistakes may have important legal consequences. If you have questions, consult your attorney. Filing office cannot give legal advice.

Do not insert anything in the open space in the upper portion of this form; it is reserved for filing office use.

When properly completed, send Filing Office Copy, with required \$15.00 fee to Secretary of State Corporation Division/UCC Section 255 Capito NE, Ste. 151 Salem, Oregon 97310. Rejected filings are subject to the non-refundable processing fee.

If you need to use attachments, you are encouraged to use either Addendum (Form UCC1 Ad) or Additional Party (Form UCC1AP).

- A. To assist filing offices that might wish to communicate with filer, filer may provide information in item A. This item is optional.
- B. Complete item B if you want an acknowledgment sent to you. If filing in a filing office that returns an acknowledgment copy furnished by filer, present simultaneously with this form a carbon or other copy of this form for use as an acknowledgment copy.
- Debtor name: Enter <u>only one Debtor name in item 1</u>, an organization's name (1a) <u>or</u> an individual's name (1b). Enter Debtor's <u>exact full legal</u> name. Don't abbreviate.
- 1a. Organization Debtor. "Organization" means an entity having a legal identity separate from its owner. A partnership is an organization; a sole proprietorship is not an organization, even if it does business under a trade name. If Debtor is a partnership, enter exact full legal name of partnership; you need not enter names of partners as additional Debtors. If Debtor is a registered organization (e.g., corporation, limited partnership, limited liability company), it is advisable to examine Debtor's current filed charter documents to determine Debtor's correct name, organization type, and jurisdiction of organization.
- 1b. Individual Debtor. "Individual" means a natural person; this includes a sole proprietorship, whether or not operating under a trade name. Don't use prefixes (Mr., Mrs., Ms.). Use suffix box only for titles of lineage (Jr., Sr., III) and not for other suffixes or titles (e.g., M.D.). Use married woman's personal name (Mary Smith, not Mrs. John Smith). Enter individual Debtor's family name (surname) in Last Name box, first given name in First Name box, and all additional given names in Middle Name box.
 - For both <u>organization and individual Debtors</u>: Don't use Debtor's trade name, DBA, AKA, FKA, Division name, etc. in place of or combined with Debtor's legal name; you may add such other names as additional Debtors if you wish (but this is neither required nor recommended).
- 1c. An address is always required for the Debtor named in 1 a or lb.
- 1d,2d Reserved for Financing Statements to be filed in North or South Dakota <u>only</u>. If this Financing Statement is to be filed in North Dakota or South Dakota, the Debtor's taxpayer identification number (tax ID#) – social security number or employer identification number must be placed in this box.
- 1e,f.g. Additional information reorganization Debtor' is always required. Type of organization and jurisdiction of organization as well as Debtor's exact legal name can be determined from Debtor's current filed charter document. Organizational ID #, if any, is assigned by the agency where the charter document was filed; this is different from tax ID #; this should be entered preceded by the 2-character U.S. Postal identification of state of organization if one of the United States (e.g., CA12345, for a California corporation whose organizational ID # is 12345); if agency does not assign organizational ID #, check box in item 1g indicating "none."

Note: If Debtor is a trust or a trustee acting with respect to property held in trust, enter Debtor's name in item 1 and attach Addendum (Form UCC1Ad) and check appropriate box in item 17. If Debtor is a decedent's estate, enter name of deceased individual in item 1b and attach Addendum (Form UCC1Ad) and check appropriate box in item 17. If Debtor is a transmitting utility or this Financing Statement is filed in connection with a Public-Finance Transaction as defined in applicable Commercial Code, attach Addendum (Form UCC1 Ad) and check appropriate box in item 18.

- If an additional Debtor is included, complete item 2, determined and formatted per instruction 1. To include further additional Debtors, attach either Addendum (Form UCC1 Ad) or other Additional Party (Form UCC1AP) and follow Instruction 1 for determining and formatting additional names.
- 3. Enter information for Secured Party or Total Assignee, determined and formatted per Instruction 1. To include further additional Secured Parties, attach either Addendum (Form UCC1 Ad) or other Additional Party (Form UCC1AP) and follow Instruction 1 for determining and formatting additional names. If there has been a total assignment of the Secured Party's interest prior to filing this form, you may either (1) enter Assignor S/P's name and address in item 3 and file an Amendment (Form UCC3) [see item 5 of that form]; or (2) enter Total Assignee's name and address in item 3 and, if you wish, also attaching Addendum (Form UCC1Ad) giving Assignor S/P's name and address in item 12.
- 4. Use item 4 to indicate the collateral covered by this Financing Statement. If space in item 4 is insufficient, put the entire collateral description or continuation of the collateral description of either Addendum (Form UCC1 Ad) another attached additional page(s).
- 5. If filer desires (at filer's option) to use titles of lessee and lessor, or consignee and consignor, or seller and buyer (in the case of accounts or chattel paper), or bailee and bailor instead of Debtor and Secured Party, check the appropriate box in item 5. If this is an agricultural lien (as defined in applicable Commercial Code) filing or is otherwise not a UCC security interest filing (e.g., a tax lien, judgment lien, etc.), check the appropriate box in item 5, complete items 1-7 as applicable and attach any other items required under other law.
- If this Financing Statement is filed as a fixture filing or if the collateral consists of timber to be cut or as-extracted collateral, complete items 1-5, check the box in item 6, and complete the required information (items 13,14 and/or 15) on Addendum (Form UCC1Ad).
- Search request option on this form is not available in Oregon.
- 8. This item is optional and is for filer's use only. For filer's convenience of reference, filer may enter in item 8 any identifying information (e.g., Secured Party's loan number, law firm file number, Debtor's name or other identification, state in which form is being filed, etc.) that filer may find useful.

MTC88885-KR

| | CC FINANCING STATE | | | | | | | | |
|-----------------|---|--------------------------------------|---|---|----------------------|-------------------------------|------------------|--|--|
| | | b) ON RELATED FINANCING STATE | | | | | | | |
| | | | | | | | | | |
| OR | 9b. INDIVIDUAL'S LAST NAME SMITH | FIRST NAME KEVIN | BRADLEY | - | | | | | |
| 10. | MISCELLANEOUS: | | | 1 | | | | | |
| Т | O RERECORD AND T | O ADD LEGAL DESC | RIPTION | | | | | | |
| 11 | ADDITIONAL DEBTOR'S EYACT | FULL LEGAL NAME - insert only one n | ama (11a or 11h) do not abbrevi | | | OR FILING OFFICE | USE ONLY | | |
| 11. | 11a. ORGANIZATION'S NAME | TOLE LEGAL MAINE - Insertonly one is | allie (11a di 11b) • do liquadorevi | ate or combine names | | <u> </u> | | | |
| OR | 11b. INDIVIDUAL'S LAST NAME | | FIRST NAME | | MIDDLE NAME | | SUFFIX | | |
| 11c. | MAILING ADDRESS | | CITY | | STATE | POSTAL CODE | COUNTRY | | |
| 11d. | SEE INSTRUCTION ADD'L INFO ORGANIZAT | | 11f. JURISDICTION OF ORC | SANIZATION | 11g. ORG | . ANIZATIONAL ID#, if as | ny NONE | | |
| 12. | DEBTOR ADDITIONAL SECURED PAI | RTY'S or ASSIGNOR S/P'S | NAME - insert only one name (| AME - insert only one name (12e or 12h) | | | NONE | | |
| | 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 | | |
| 14. Th 12 | This FINANCING STATEMENT covers collateral, or is filed as a fixture filin Description of real estate: e S 1/2 NW 1/4 of Section 1 East of the Willamette Meriegon | 0, Township 41 South, Rang | 16. Additional collateral descri | ription: | | | | | |
| 15. | Name and address of a RECORD OWNE (if Debtor does not have a record interest | | 17. Check only if applicable a Debtor is a Trust or 18. Check only if applicable a Debtor is a TRANSMITTI Filed in connection with a | Frustee acting with resend check only one books | pect to proper x. | <u> </u> | ecedent's Estate | | |

402 FILING OFFICE COPY — NATIONAL UCC FINANCING STATEMENT ADDENDUM (FORM UCC1Ad) (REV. 9/05)

47AM£