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2011-009615 Klamath County, Oregon

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UCC FINANCING STATEMENT			0010000201100030130020029			
FOLLOW INSTRUCTIONS (front and back	08/22/2011 02:57:38 PM			Fee: \$42.0		
A. NAME & PHONE OF CONTACT AT FILE		*	·—— · —			
Dana Thompson						
B. SEND ACKNOWLEDGMENT TO: (Nam	e and Address)					
_		¬				
USDA/Farm Service Ag	encv					
2316 S. 6th Street	, ,					
Suite C	•	į				
Klamath Falls, OR 9760	1					
1		 				
			THE ABOVE SP	ACE IS FO	R FILING OFFICE U	SE ONLY
1. DEBTOR'S EXACT FULL LEGAL NAM	E _ insert only one debtor name (1s	or 1b) - do not abbreviate or o			****	- 335
1a ORGANIZATION'S NAME	E - Ilisert drilly drie debtor heme (16	S OF TO J - GO HOL GOOD ON GEO OF C	- Contraction			
TALLY HO FARMS						
OR 15 INDIVIDUAL'S LAST NAME		I FIRST NAME		MIDDLE N	AME	SUFFIX
ID. RADIALDONE O CHOT INTINC						
1c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
PO BOX 830		MERRILL		OR	97633	USA
1d. SEE INSTRUCTIONS ADD'L INFO RE	1e. TYPE OF ORGANIZATION	1f. JURISDICTION OF ORGA	ANIZATION	1g. ORGANIZATIONAL ID #, if any		
ORGANIZATION		OREGON		27 0240062		
DEBTOR						NONE
2. ADDITIONAL DEBTOR'S EXACT FULI	LEGAL NAME - insert only one	debtor name (2a or 2b) - do no	ot abbreviate or combin	e names		
2a, ORĜANIZATION'S NAME						
OR ON ANDINADUAL'S LAST NAME				Lummini	14.14	SUFFIX
2b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME		SUPPIX
				STATE	I DOOTAL COOP	COUNTRY
2c. MAILING ADDRESS		CITY		SIAIE	POSTAL CODE	COUNTRY
	·					
2d. SEE INSTRUCTIONS ADD'L INFO RE ORGANIZATION		2f. JURISDICTION OF ORGANIZATION 2g. ORGANIZATIONAL ID #, if any				
DEBTOR	•			ļ		NONE
3. SECURED PARTY'S NAME (or NAME	of TOTAL ASSIGNEE OF ASSIGN	OR S/P) - insert only <u>one</u> secu	ed party name (3a or 3	3b)		
3a. ORGANIZATION'S NAME						
COMMODITY CREDI	T CORPORATION					
		FIRST NAME		MIDDLE NAME		SUFFIX
				İ		
3c. MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
2316 S. 6TH STREET SUI	ТЕ С	KLAMATH FA	LLS	OR	97601	USA
A This SIMANCING STATEMENT covers the folio				·	<u> </u>	1

one 62"4"x288"0" double wide white Behlen/Teton West Potato Storage Building Four end walls with framed openings. Two end walls with framed openings. internal fan house designed for cell brackets for fans. 8' Concrete wall the full perimeter and down air plenum.

6 Blade prop fans Serial Numbers, P6106452077, P6087546002, P6106452081, P6106452049, P6106452050, P6106452062.

5. ALTERNATIVE DESIGNATION [if applicable]: LESSEE/LESSOR	CONSIGNEE/CONSIGNOR BAILEE/BAILO	R SELLER/BUYER AG. LIEN	NON-UCC FILING
6. This FINANCING STATEMENT is to be filed [for record] (or r Attach Addendum [if applicable]	ecorded) in the REAL ESTATE RECORDS.	7. See Instruction Debtor(s)	
8. OPTIONAL FILER REFERENCE DATA			
Klamath County Farm Service Agency by	y Dana Thompson		

	C FINANCING STATE	MENT ADDENDUM		1			
		o) ON RELATED FINANCING STATEM	IENT	1			
	9a. ORGANIZATION'S NAME TALLY HO FARMS	1010	Ì				
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFIX				
10. N	MISCELLANEOUS:			1			
				THE ABOVE S	SPACE IS FI	OR FILING OFFICE US	RF ONLY
11.	ADDITIONAL DEBTOR'S EXACT	FULL LEGAL NAME - insert only one nan	ne (11a or 11b) - do not abbrevi			SKT IEINO OTTICE GE	JE ONE!
	11a. ORGANIZATION'S NAME		,			••••	
OR							
UK	11b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NA	ME	SUFFIX
11c. l	MAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
					OIAIL	- GOTAL GODE	COBINIKI
11d. §	SEE INSTRUCTION ADD'L INFO ORGANIZAT		11f. JURISDICTION OF ORG	GANIZATION	11g. ORGA	L NIZATIONAL ID#, if any	NONE
40	DEBTOR DESTOR	ASSIGNOD SIDIS	1430				[]NONE
12.	ADDITIONAL SECURED PAI 12a. ORGANIZATION'S NAME	TTS or Assignor SIPS	NAME - insert only <u>one</u> name (12a or 12b)			
OR	12b. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NA	ME	SUFFIX
12c. f	AAILING ADDRESS		CITY		STATE	POSTAL CODE	COUNTRY
14.	This FINANCING STATEMENT covers collateral, or is filed as a fixture filing. Description of real estate:		16. Additional collateral desc	ription:			
12 l Ore	East of the Wilamette Meric						
		*					
15.	Name and address of a RECORD OWNE (If Debtor does not have a record interest	ER of above-described real estate):					
JOI WI	FARMS PARTNERSI HN R. WALKER, IND LLIAM WALKER, IN	IVIDUAL	17. Check only if applicable a Debtor is a Trust or 18. Check only if applicable a	rustee acting with resp	ect to propert	y held in trust or Deced	dent's Estate
	BOX 830 RRILL, OR 97633		Debtor is a TRANSMITTI	NG UTILITY		tive 30 years	