

02/04 (2016) 1318 \$150

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UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional) BRITTNEY ONSTOTT (541) 278-80

UCC

LIEN NO. 90715112

BOLEN FARMS, LLC

B. E-MAIL CONTACT AT FILER (optional) brittney.onstott@or.usda.gov

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

UMATILLA FARM SERVICE AGENCY 1 SW NYE AVE., SUITE 100 PENDLETON, OR 97801

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1. DEBTOR'S NAME - Provide only one Debtor name (1a or 1b) (use exact, full name, do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not fit in line 1b, leave all of item 1 blank, check here [] and provide the individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

1a. ORGANIZATION'S NAME: BOLEN FARMS, LLC
OR
1b. INDIVIDUAL'S SURNAME: [] FIRST PERSONAL NAME: [] ADDITIONAL NAME(S)/INITIAL(S): [] SUFFIX: []
1c. MAILING ADDRESS: 153 N. OTT ROAD CITY: HERMISTON STATE: OR POSTAL CODE: 97838 COUNTRY: USA

2. DEBTOR'S NAME - Provide only one debtor name (2a or 2b) (use exact, full name, do not omit, modify or abbreviate any part of the Debtor's name); if any part of the individual Debtor's name will not fit in line 2b, leave all of item 2 blank, check here [] and provide the individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1Ad)

2a. ORGANIZATION'S NAME: []
OR
2b. INDIVIDUAL'S SURNAME: BOLEN FIRST PERSONAL NAME: JEREMY ADDITIONAL NAME(S)/INITIAL(S): LEON SUFFIX: []
2c. MAILING ADDRESS: 153 N. OTT ROAD CITY: HERMISTON STATE: OR POSTAL CODE: 97838 COUNTRY: USA

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE or ASSIGNOR SECURED PARTY): Provide 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 SURNAME: [] FIRST PERSONAL NAME: [] ADDITIONAL NAME(S)/INITIAL(S): [] SUFFIX: []
3c. MAILING ADDRESS: 1 SW NYE AVE., SUITE 100 CITY: PENDLETON STATE: OR POSTAL CODE: 97801 COUNTRY: USA

4. COLLATERAL 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) ; and
(c) All proceeds, products, accessions, and security acquired hereafter.

Disposition of such collateral is NOT hereby authorized.

5. Check only if applicable and check only one box: Collateral is [] held in a Trust (see UCC1Ad, item 17 and instructions) [] being administered by a Decedent's Personal Representative

6. Check only if applicable and check only one box:

[] Public-Finance Transaction [] A Debtor is a Transmitting Utility

7. ALTERNATIVE DESIGNATION (if applicable): [] Lessor/Lessee [] Consignee/Consignor [] Seller/Buyer [] Bailee/Bator [] Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA

BOLEN FARMS, LLC

USE THIS FORM TO ADD NAMES ONLY
(DO NOT USE FOR CHANGES, DELETIONS, OR ASSIGNMENTS)

UCC FINANCING STATEMENT ADDITIONAL PARTY
FOLLOW INSTRUCTIONS

18. NAME OF FIRST DEBTOR: Same as line 1a or 1b on Financing Statement; if line 1b was left blank

because individual Debtor name did not fit, check here

18a. ORGANIZATION'S NAME BOLEN FARMS, LLC	
OR	
18b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

19. ADDITIONAL DEBTOR'S NAME - Provide only one Debtor name (19a or 19b) - (use exact full name; do not omit, modify, or abbreviate any part of the Debtor's name)

19a. ORGANIZATION'S NAME				
OR				
19b. INDIVIDUAL'S SURNAME BOLEN	FIRST PERSONAL NAME KAI	ADDITIONAL NAME(S)/INITIAL(S) NICHOLIS	SUFFIX	
19c. MAILING ADDRESS PO BOX 288	CITY HERMISTON	STATE OR	POSTAL CODE 97838	COUNTRY USA

20. ADDITIONAL DEBTOR'S NAME - Provide only one Debtor name (20a or 20b) - (use exact full name; do not omit, modify, or abbreviate any part of the Debtor's name)

20a. ORGANIZATION'S NAME				
OR				
20b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
20c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

21. ADDITIONAL DEBTOR'S NAME - Provide only one Debtor name (21a or 21b) - (use exact full name; do not omit, modify, or abbreviate any part of the Debtor's name)

21a. ORGANIZATION'S NAME				
OR				
21b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
21c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

22. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

22a. ORGANIZATION'S NAME				
OR				
22b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
22c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

23. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (22a or 22b)

23a. ORGANIZATION'S NAME				
OR				
23b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX	
23c. MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY

24. MISCELLANEOUS: