



UCC

LIEN NO. 90824652

AIRLIE HILLS FARM IN

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER [optional]
LORA SURMEYER 503-399-5741

B. E-MAIL CONTACT AT FILER [optional]

C. SEND ACKNOWLEDGMENT TO: (Name and Address)
United States of America acting through
Farm Service Agency
650 Hawthorne Avenue SE
Suite 130
Salem OR 97301-5894

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 AIRLIE HILLS FARM INC					
OR	1b. INDIVIDUAL'S SURNAME		FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
1c. MAILING ADDRESS 10775 AIRLIE ROAD		CITY MONMOUTH	STATE OR	POSTAL CODE 97361	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 KENNEL		FIRST PERSONAL NAME AARON	ADDITIONAL NAME(S)/INITIAL(S) ALVIN	SUFFIX
2c. MAILING ADDRESS 10775 AIRLIE ROAD		CITY MONMOUTH	STATE OR	POSTAL CODE 97361	COUNTRY USA

3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of 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 650 HAWTHORNE AVENUE STE 130		CITY SALEM	STATE OR	POSTAL CODE 97301	COUNTRY USA

4. COLLATERAL: This financing statement covers the following collateral:

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. 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): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA

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 AIRLIE HILLS FARM INC	
OR 18b. INDIVIDUAL'S SURNAME	
FIRST PERSONAL NAME	
ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

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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 KENNEL		FIRST PERSONAL NAME SARAH	ADDITIONAL NAME(S)/INITIAL(S) RENEE	SUFFIX
19c. MAILING ADDRESS 10775 AIRLIE ROAD		CITY MONMOUTH	STATE OR	POSTAL CODE 97361
			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 (23a or 23b)

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: