

FILED: MAY 12, 2016 04:19 PM
OREGON SECRETARY OF STATE



UCC LIEN NO. 90826467 MAZOUR, DYLAN JOSEPH

UCC FINANCING STATEMENT
FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
Patty Modey (541) 573-6446

B. E-MAIL CONTACT AT FILER (optional)
patty.modey@or.usda.gov

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Harney County Farm Service Agency
P.O. Box 1200
Hines, OR 97738

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

OR

1b. INDIVIDUAL'S SURNAME MAZOUR	FIRST PERSONAL NAME DYLAN	ADDITIONAL NAME(S)/INITIAL(S) JOSEPH	SUFFIX
1c. MAILING ADDRESS 8976 SW GREEN DR	CITY CULVER	STATE OR	POSTAL CODE 97734
		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	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
2c. MAILING ADDRESS	CITY	STATE	POSTAL CODE
		COUNTRY	

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 the Farm Service Agency

OR

3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
3c. MAILING ADDRESS P.O. Box 1200	CITY Hines	STATE OR	POSTAL CODE 97738
		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 Transmuting Utility

7. ALTERNATIVE DESIGNATION (if applicable): Lessor/Lessor Consignee/Consignor Seller/Buyer Estate/Bailor Licensee/Licensee

8. OPTIONAL FILER REFERENCE DATA
MAZOUR, DYLAN JOSEPH