



UCC

LIEN NO. 93026363

NW LAND LIMITED PART

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A. NAME & PHONE OF CONTACT AT FILER (optional)
Becky Phillips

B. E-MAIL CONTACT AT FILER (optional)
becky.phillips@northwestfes.com

C. SEND ACKNOWLEDGMENT TO: (Name and Address)

Northwest Farm Credit Services, FLCA
650 Hawthorne Ave SE
Suite 210
Salem, OR 97301-5895

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 NW Land Limited Partnership

1b. INDIVIDUAL'S SURNAME

| FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
|---------------------|-------------------------------|--------|
| | | |

1c. MAILING ADDRESS
PO Box 189

| CITY | STATE | POSTAL CODE | COUNTRY |
|--------|-------|-------------|---------|
| Boring | OR | 97009 | 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 |
|------|-------|-------------|---------|
| | | | 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
OR Northwest Farm Credit Services, FLCA

3b. INDIVIDUAL'S SURNAME

| FIRST PERSONAL NAME | ADDITIONAL NAME(S)/INITIAL(S) | SUFFIX |
|---------------------|-------------------------------|--------|
| | | |

3c. MAILING ADDRESS
650 Hawthorne Ave SE, Suite 210

| CITY | STATE | POSTAL CODE | COUNTRY |
|-------|-------|-------------|---------|
| Salem | OR | 97301 | USA |

4. COLLATERAL: This FINANCING STATEMENT covers the following collateral:

All Irrigation Equipment.

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

6a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Non-UCC Filing

6b. Check only if applicable and only one box: Licensee/Licenser

7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Coassignee/Cosignor Seller/Buyer Bailee/Bailor

8. OPTIONAL FILER REFERENCE DATA: