

UCC-3 Form - Continuation

Original File Number: **200603158670** Original File Date: **1/12/2006 2:48:00 PM**

FILER INFORMATION

Full name: **KELLY CAMPBELL** Phone: **860-774-0717**

CONTACT INFORMATION

Contact name: **FARM CREDIT EAST, ACA**

Street #1: **785 HARTFORD PIKE**

City: **DAYVILLE** State: **CT** ZIP: **06241** Country: **USA**

Notification Method: **E-MAIL** Email: **KELLY.CAMPBELL@FARMCREDITEAST.COM**

DEBTOR INFORMATION

Org. Name: **DECASTRO FARMS, INC.**

Mailing Address1: **2348 EAST MAIN ROAD**

City: **PORTSMOUTH** State: **RI** ZIP: **02871** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **FARM CREDIT EAST, ACA (SUCCESSOR BY MERGER TO FIRST PIONEER FARM CREDIT, ACA)**

Mailing Address1: **785 HARTFORD PIKE**

City: **DAYVILLE** State: **CT** ZIP: **06241** Country: **USA**

Org. Name: **FIRST PIONEER FARM CREDIT, ACA**

Mailing Address1: **785 HARTFORD PIKE**

City: **DAYVILLE** State: **CT** ZIP: **06264** Country: **USA**

TRANSACTION TYPE: STANDARD

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