

UCC-3 Form - Continuation

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FILER INFORMATION

Full name: **CHERYL ALBEE** 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: **CHERYL.ALBEE@FARMCREDITEAST.COM**

DEBTOR INFORMATION

Last Name: **YOUNG** First: **KARLA** Middle: **K.**

Mailing Address1: **242 WEST MAIN ROAD**

City: **LITTLE COMPTON** State: **RI** ZIP: **02837** Country: **USA**

Last Name: **YOUNG** First: **TYLER** Middle: **P.**

Mailing Address1: **242 WEST MAIN ROAD**

City: **LITTLE COMPTON** State: **RI** ZIP: **02837** Country: **USA**

Org. Name: **YOUNG FAMILY FARM, LLC**

Mailing Address1: **242 WEST MAIN ROAD**

City: **LITTLE COMPTON** State: **RI** ZIP: **02837** 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: **06241** Country: **USA**

TRANSACTION TYPE: STANDARD

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