[redacted]

UCC FINANCING STATEMENT

FOLLOW INSTRUCTIONS

A NAME & PHONE OF CONTACT AT FILER (optional)

B E-MAIL CONTACT AT FILER (optional)

C. SEND ACKNOWLEDGMENT TO. (Name and Address)

UNITED STATES DEPARTMENT OF AGRICULTURE
FARM SERVICE AGENCY
60 QUAKER LANE, SUITE 49
WARWICK RI 02886

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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
STONY HILL CATTLE COMPANY, LLC

OR

1b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

1c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
P.O. BOX 147	WOOD RIVER JUNCTION	RI	02894	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
COULTER	KIM		

2c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
P.O. BOX 147	WOOD RIVER JUNCTION	RI	02894	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
USDA, FARM SERVICE AGENCY

OR

3b INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX

3c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
60 QUAKER LANE, SUITE 49	WARWICK	RI	02886	USA

4. COLLATERAL This financing statement covers the following collateral

NEW HOLLAND DISBINE FLAIL MOWER MODEL 1410, IDENTIFICATION NUMBER 679634. THIS IS A PURCHASE MONEY SECURITY INTEREST

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

6a. Check only if applicable and check only one box
☐ Public-Finance Transaction ☐ Manufactured-Home Transaction ☐ A Debtor is a Transmitting Utility

6b. Check only if applicable and check only one box
☐ Agricultural Lien ☐ Non-UCC Filing

7. ALTERNATIVE DESIGNATION (if applicable) ☐ Lessee/Lessor ☐ Consignee/Consignor ☐ Seller/Buyer ☐ Bailee/Bailor ☐ Licensee/Licensor

8. OPTIONAL FILER REFERENCE DATA.

UCC FINANCING STATEMENT ADDITIONAL PARTY

FOLLOW INSTRUCTIONS

18. NAME OF FIRST DEBTOR. Same as line 1a or 1b of Financing Statement if line 1b was left blank because Individual Debtor name did not fit, check here ☐

18a ORGANIZATION'S NAME
STONY HILL CATTLE COMPANY, LLC.

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	FIRST PERSONAL NAME	ADDITIONAL NAME(S)/INITIAL(S)	SUFFIX
LUCHKA	NINA	L	

19c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
P.O. BOX 146	WOOD RIVER JUNCTION	RI	02894	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
COULTER	WILLIAM	A	

20c MAILING ADDRESS	CITY	STATE	POSTAL CODE	COUNTRY
P.O. BOX 147	WOOD RIVER JUNCTION	RI	02894	USA

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.