

SAMPLE

STATE OF IDAHO - FARM PRODUCTS FINANCING STATEMENT - FORM UCC-1F

Mail to: Secretary of State
UCC Division
450 N 4th
PO Box 83720
Boise ID 83720-0080

Telephone:
208-334-3191

This block for Filing Office use only.

Customer account number

See instructions, fee schedule and tables of codes on reverse.

Debtor 1	Organization or Indiv. Last Name John Doe Family Farm, LLC (required)	First Name	Middle Name	Suffix
Address	11111 Potato Farm Lane (required)	City Anywhere	State ID	Zip 83000
			SSN/TIN (required)	
Debtor 2	Organization or Indiv. Last Name Doe (required)	First Name John (required)	Middle Name	Suffix
Address	11111 Potato Farm Lane (required)	City Anywhere	State ID	Zip 83000
			SSN/TIN (required)	
Debtor 3	Organization or Indiv. Last Name	First Name	Middle Name	Suffix
Address		City	State	Zip
			SSN/TIN	
Debtor 4	Organization or Indiv. Last Name	First Name	Middle Name	Suffix
Address		City	State	Zip
			SSN/TIN	

Secured Party Name and Address

Organization or Indiv. Last Name	A1 Farm Financing (required)	First Name	Middle Name
Address	11111 Home Office Dr. (required)	City Anywhere	State ID
			Zip 83000

Assignee Name and Address

Organization or Indiv. Last Name	First Name	Middle Name
Address	City	State
		Zip

Acknowledgment Name and Address, if not Secured Party

Organization or Indiv. Last Name	First Name	Middle Name
Address	City	State
		Zip

Item No.	Product Code	Product Name (optional)	County Code(s)	Crop Year(s), if less than all	Amount, if necessary	Unit	Add. Info
1	010	Wheat	28				No
2							No
3							No
4							No
5							No
6							No
7							No

Debtor Signature(s) [optional if signed agreement exists granting a lien on the crop(s)] Signature of Secured Party

1

2

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4

TERMINATION STATEMENT-The Secured Party no longer claims a security interest under the financing statement.

Signature of Secured Party / Assignee of Record

Date