



UNIFORM COMMERCIAL CODE FINANCING STATEMENT STANDARD UCC-1/CNS-1
 NORTH DAKOTA SECRETARY OF STATE/COUNTY RECORDERS
 SFN 14009 (09-27-01)

PLEASE TYPE. Please read instructions on back before completing.

A. File In UCC Index Farm Products Central Notice (CNS)

B. Customer Billing Number _____ C. Submitted By Facsimile FAX # _____ D. Transmitting Utility

E. Debtor's Exact Full Legal Name - do not abbreviate or combine names
 If individual Last Name First Individual Organization SSN or TIN _____

1. _____

ADDRESS: _____

ADD'L INFO RE ORGANIZATION DEBTOR	TYPE OF ORGANIZATION	JURISDICTION OF ORGANIZATION	ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE
Individual <input type="checkbox"/>	Organization <input type="checkbox"/>		

2. _____

ADDRESS: _____

Reserved for Filing Officer Use

ADD'L INFO RE ORGANIZATION DEBTOR	TYPE OF ORGANIZATION	JURISDICTION OF ORGANIZATION	ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE
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F. SECURED PARTY NAME AND ADDRESS (from which security info is obtainable)

G. ASSIGNEE NAME AND ADDRESS (if any)

SSN/TIN: _____ Telephone # _____

SSN/TIN: _____ Telephone # _____

H. Check If Covered: I. This financing statement covers the following collateral: (If filing in Farm Products Central Notice, include a reasonable description of the property, including the county in which the property is located.)

PROCEEDS

PRODUCTS

FARM PRODUCTS CENTRAL NOTICE CNS-1

This FARM PRODUCT Central Notice filing is presented to the filing officer pursuant to NDCC 41-09-40. **Signature of Debtor and Secured Party required.**

J. COUNTY CODE	FARM PRODUCT CODE	DESCRIPTION (if applicable)	CROP YEAR (if applicable)	QUANTITY (if applicable)	COUNTY CODE	FARM PRODUCT CODE	DESCRIPTION (if applicable)	CROP YEAR (if applicable)	QUANTITY (if applicable)
1.	—	—	—	—	2.	—	—	—	—
3.	—	—	—	—	4.	—	—	—	—
5.	—	—	—	—	6.	—	—	—	—

K. Debtor Signature _____

By _____ Name & Title By _____ Name & Title By _____ Name & Title

Secured Party Signature _____ By _____ Name & Title

RETURN ACKNOWLEDGEMENT COPY TO: (name and address)

Please do not type outside of bracketed area



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3.	—	—	—	—	4.	—	—	—	—
5.	—	—	—	—	6.	—	—	—	—

K. Debtor Signature _____

By _____ Name & Title By _____ Name & Title By _____ Name & Title

Secured Party Signature _____ By _____ Name & Title

RETURN ACKNOWLEDGEMENT COPY TO: (name and address)

Please do not type outside of bracketed area

Acknowledgment Copy

UCC-1/CNS-1 INSTRUCTIONS

1. If the space provided for any item on this form is inadequate use UCC-5/CNS-5 form as an attachment.
2. Verify for accuracy and correct spelling.
3. Submit the original and one copy to any County Recorders' office or the Secretary of State's office.
4. Refer to the user's guide for further information. The guide may be purchased from the Secretary of State's office.

The following letters correspond to the lettered sections on the front of this form.

- A. You may use this form to file in either the UCC Index or CNS Index or both. If neither box is marked, the filing will be considered a UCC filing only.
- B. CUSTOMER BILLING #: Clients may request to be billed for services. Upon approval a customer billing number is provided. This number needs to be typed on the form for accurate billing processing.
- C. Check if applicable. Be sure to include your fax number if submitting by fax.
- D. Check if the debtor is a transmitting utility.
- E. DEBTOR NAME: Individual or Organization - Check one per debtor. If an individual, enter last name, first name and middle name. For a business, begin with the first word or character not an article or punctuation mark. Provide a complete mailing address for all debtors. Social Security Number (SSN) or Tax Identification Number (TIN) must be provided for each debtor. If debtor is an organization the additional information must be provided: type of organization, jurisdiction of organization, and organizational ID number (if any) or check none.
- F. SECURED PARTY NAME: Enter the name of all secured parties and an address and telephone number from which security information is obtainable. SSN/TIN number for each secured party is optional.
- G. ASSIGNEE NAME: Follow same instructions as with "F".
- H. PROCEEDS, PRODUCTS: If proceeds and/or products are to be covered, indicate by marking an "X".
- I. DESCRIBE THE COLLATERAL. A description of collateral is necessary for filing. If collateral is filed in Farm Products Central Notice, include a reasonable description of the property, including the county in which the property is located.
- J. FARM PRODUCTS: List the county code from the list below for the county where produced. List the appropriate farm product code from the list below. A more specific description of the farm product may be entered. If "crop year" and/or "quantity" are left blank, the default will be "ALL". Each farm product must be listed separately.
- K. **SIGNATURES: ALL DEBTORS AND SECURED PARTIES ARE REQUIRED TO SIGN THE CNS-1 PORTION FOR FILING IN CENTRAL NOTICE INDEX.**

RETURN ACKNOWLEDGEMENT COPY: Complete to whom acknowledgement copy should be sent.

PRODUCT CODES				COUNTY CODES			
01	Wheat/Durum	26	Cheese/Whhey	200	Cattle/Calves	01	Adams
02	Rye	27	Cream	201	Beefalo	02	Barnes
03	Barley	28	Lentils	202	Buffalo	03	Benson
04	Corn	29	Honey	203	Hogs	04	Billings
05	Oats	30	Bees Wax	204	Sheep/Lambs	05	Bottineau
06	Sorghum	31	Berries	205	Horses	06	Bowman
07	Buckwheat	32	Fruits	206	Mules	07	Burke
08	Triticale	33	Trees/Shrubs	207	Chickens	08	Burleigh
09	Flax	34	Herbs	208	Ducks	09	Cass
10	Soybeans	35	Garlic	209	Geese	10	Cavalier
11	Sunflowers	36	Popcorn	210	Turkeys	11	Dickey
12	Safflowers	37	Canola	211	Bees	12	Divide
13	Mustard	38	Crambe	212	Goats	13	Dunn
14	Millet	39	Pellets	213	Fox	14	Eddy
15	Rape Seed	40	Fourage	214	Furs/Pelts	15	Emmons
16	Potatoes	41	Silage	215	Fish	16	Foster
17	Beans	42	Spelitz	216	Pheasants	17	Golden Valley
18	Peas	43	Sunwheat	217	Game Hens	18	Grand Forks
19	Sugar Beets	44	Onions	218	Llamas	19	Grant
20	Hay/Alfalfa	45	Carrots	219	Elk	20	Griggs
21	Grasses	46	Squash	220	Ostriches	21	Hettinger
22	Clover	47	Vegetables	221	Rabbits	22	Kidder
23	Wool	48	Pumpkins	222	Emus	23	LaMoure
24	Eggs	49	Borage	223	Rhea Bird	24	Logan
25	Milk	50	Chick Peas	224	Deer	25	McHenry
		51	Amaranth	225	Bull Semen	26	McIntosh
		52	Mint	226	Dogs	27	McKenzie
				227	Worms		
						28	McLean
						29	Mercer
						30	Morton
						31	Mountrail
						32	Nelson
						33	Oliver
						34	Pembina
						35	Pierce
						36	Ramsey
						37	Ransom
						38	Renville
						39	Richland
						40	Rolette
						41	Sargent
						42	Sheridan
						43	Sioux
						44	Slope
						45	Stark
						46	Steele
						47	Stutsman
						48	Towner
						49	Traill
						50	Walsh
						51	Ward
						52	Wells
						53	Williams
						54	Out of State

FEES: See user's guide for further explanation of fees.

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|--|---------------|---|---------------|
| 1. Filing both UCC-1 and CNS-1/Termination | ----- \$15.00 | 4. Non-Standard Filing/Termination | ----- \$20.00 |
| 2. Filing only UCC-1 Portion/Termination | ----- \$15.00 | 5. Additional Attachments Per Typed Page (8 1/2 X 11) | ----- \$ 1.00 |
| 3. Filing only CNS-1 Portion/Termination | ----- \$15.00 | | |