

STATE OF IDAHO - FORM UCC-1Fa
FARM PRODUCTS FINANCING STATEMENT ADDENDUM

(If there is insufficient space on a UCC-1F for all necessary information, enter the excess on this form and attach it to the UCC-1F.)

Enter the first debtor listed on the associated UCC-1F form **exactly** as it appears on that form.

1. Debtor	Organization's Name			
	OR	Individual's Last Name	First Name	Middle Name

Address	City	State	Zip	SSN/TIN (last 4 digits only)
---------	------	-------	-----	------------------------------

Debtor	Organization's Name			
	OR	Individual's Last Name	First Name	Middle Name

Address	City	State	Zip	SSN/TIN (last 4 digits only)
---------	------	-------	-----	------------------------------

Debtor	Organization's Name			
	OR	Individual's Last Name	First Name	Middle Name

Address	City	State	Zip	SSN/TIN (last 4 digits only)
---------	------	-------	-----	------------------------------

Debtor	Organization's Name			
	OR	Individual's Last Name	First Name	Middle Name

Address	City	State	Zip	SSN/TIN (last 4 digits only)
---------	------	-------	-----	------------------------------

Additional Secured Party Name and Address

OR	Organization's Name			
	Individual's Last Name	First Name	Middle Name	Suffix

Address	City	State	Zip
---------	------	-------	-----

Enter additional farm products

Item No.	Product Code	Product Name (optional)	County Code(s)	Crop Year(s), if less than all	Amount, if necessary	Unit	Add. Info
5							
6							
7							
8							
9							
10							

If distinguishing additional information is required, enter item number of product and information

Item No.	Additional information (not to exceed 150 characters and spaces per item).

Debtor(s) Signature(s) - This item is optional if signed agreement exists granting a lien on the farm product(s).

--	--