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		or opegon	Vol.M	Appropriate fee per box, for each tran e Debtor(s) and Secured Partylies) or	<u>.06</u>
52287 INSTRUCTIONS: 505 1. PLEASE TYPE THIS FORM 2. Enclose fee of \$3.75 per name listed plu 3. Send the Alphabetical, Numerical and A 3. Send the Alphabetical in the filing.	S S S	TATE OF OREGON	UATION, RELEASE, ASSIG	Nincivity	isaction.
<b>522287</b> INSTRUCTIONS: DIF 1. PLEASE TYPE THIS FORM 2. Enclose fee of \$3.75 per name listed plub 3. Send the Alphabetical, Numerical and A retained by party making the filing.	A COMMERCIAL CODE	TION, ETCFORM	to be made on this form send	appropriate fice party (ies) of the Debtor(s) and Secured Party (ies) of the Debtor (s) and Secured Party	of sheets
INSTRUCTIONS: THE FORM INFORMATION OF A STATE OF A STAT	s \$2.00 per trade name. If more	crieaved carbon paper in	tact to the things	" x 8". Only one copy of such addition	
<ol> <li>PLEASE TYPE THIS FORM INOUT.</li> <li>Enclose fee of \$3.75 per name listed plut</li> <li>Send the Alphabetical, Numerical and A retained by party making the filing.</li> <li>If the space provided for any itemiston need be presented to the filing officer. Line of the presented to the filing officer.</li> <li>At the time of original filing, filing officient of the sphedules of constraint filing.</li> </ol>	the form is inadequate the item	n(s) should be continued	y size paper that is convenie	nt for the secured party requires acknowle	edgement
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6. File UCC3 with Secretary of State or cc 7. A SEPARATE FORM UCC3 SHOULD This STATEMENT is presented to filing offic This STATEMENT is presented to filing offic	ter pursuant to the Uniform Comm	ecured Party(ies):	CORPORATION		
This Statement	COM	MODITY CREDI	CORPORATION		
BURNELL HUBERT	1		from which		
	28.	Address of Secured Part security information obt	ASCS OFFICE		
B. Mailing Address(es):	KLA	MATH COUNTY	SUITE 3		
ROUTE 1 BOX 104	97623 245	ATH FALLS	OREGON 97603		19. <b>81</b> .
			Date filed JUNE		
	Statement No. MBL PAI	GE LUIUL	10N	in the stat the stat the stat the stat the state that the state state that the state sta	Secured Party ha
This statement refers to original Financi	B. RELEASE	the The Secured	Party certifies that the Se-		
			the financing statement file number shown above.	ber shown above in the following F	
the foregoing believe the		he fol. bearing the		ber shown above below) (Fee \$3.75) 4A. Assignee of Secured Party(iet	if any:
hown above is still bride	10 Million 1995			4A. Assignment	
\$3,75)	PARTIAL RELEASE				
E. OTHER (Such as "amendment")	FULL RELEASE			4B. Address of Assignee from wh security information obtainat	nich ole:
	11 00 00			security information	
(Fee \$3.75)	1	:			
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	and a second		By Sigral	ure(s) of Secured Partylies) or Assigned	
	orfs) (If used as an amend	iment)			
By: Signature(s) of Debt	Ctate	WESS LAW P	UBLISHING CO., PORTLAND, O	R. 97204	
By: Signature(s) of Debi Of This form of Statement approved b STANDARD FORM-UNIFORM CON	MERCIAL CODE FORM UCC-3	STEVENSINCE			
9/1/81					
	OUNTY OF KLAMATI	H: ss.		the 20	
STATE OF OREGON: C				nd duly recorded in VolM	85
			o'clock <u>P</u> M., ar on Page <u>1</u>		
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