STATE OF CALIFORNIA

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Voltage Page 2355

| | ATEMENT is presented for filing pur | rsuant to the California Uniform 18. DATE OF ORIG. FINANCING STATEN | Commercial Code | GC. FIRENCIES |
|--|--|--|--|----------------------------------|
| FILE NO. OF ORIG. FINANCING STATEMEN 66282 | STATEMENT 9-23-86 | 9-17-86 | Klamath | |
| DEBTOR (LAST NAME FIRST) | | | 93-0694871 | r or Federal Tax |
| Bonanza View Dair | ry, me. | 2C. CITY, STATE | | 2D. ZIF CODE |
| Rt. 1 Box 202 | | Bonanza, (| regon SA. SOCIAL SECURIT | 97623 |
| ADDITIONAL DEBTOR (IF ANY) | (LAST NAME FIRST) | | SA. SOCIAL SECON | |
| MAILING ADDRESS | | 3C. CITY, STATE | | SD. ZIP CODE |
| SECURED PARTY | | | AA. SOCIAL SECURITY: | AND A. B.A. BO. |
| HAME Secu | rity Pacific National Band West Mineral King | | 11-4/1210 | |
| ASSIGNEE OF SECURED PART | Tio | | 5A. SOCIAL SECURITY OR BANK SHARRITY | NO., FEDERAL TAX NO. |
| NAME | | | | |
| MAILING ADDRESS | | ZIIV CODE | | |
| CITY | The original Financing Statement bet | | Secured Party bearing | the file number |
| growing or to be gro | is continued. If collateral is crops or own in Item 7 below. collateral described in the Financing | | | |
| ASSIGNMENT—The | Secured Party certifies that the Secur | Der Silowii above ili ilig collais | CI GOSCINS XX III II CITI | |
| TERMINATION—The | e Secured Party certifies that the Sec | cured Party no longer claims o | security interest brider . | ile caleary |
| AMENDMENT-The | Financing Statement bearing the file on all amendments.) | e number shown above is ame | nded as set forth as them | Palow' (Sidir |
| OTHER | | [18] [18] 이 그는 경험을 받았다. | | |
| Add to Section 2 | /Additonal Debtor the fol: | lowing name: | | |
| Add to Section 2 | Additional Debtor the following address: | | a, Gregon 97623 | |
| Add to Section 2 Arie DeJong Add to Section 2 | b the following address: | Rt. 1 Box 202, Bonanz | D. This Scoon for the of Fi | iling Officer Filing Office) |
| Add to Section 2 | b the following address: | Rt. 1 Box 202, Bonanz | D. This Scoon for the of Fi | iling Officer Filing Office) |
| Add to Section 2 Arie DeJong Add to Section 2 | b the following address: | Rt. 1 Box 202, Bonanz | D. This Scoon for the of Fi | iling Officer Filling Office) |
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