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		Vol.	<u>m95 Page 21975</u>
ACTA	08-18-95A10 135	NTS OF CONTINUATION, RELEASE, ASSI NTS OF CONTINUATION, RELEASE, ASSI V, ETCFORM UCC-3 one transaction is to be made on this form se	M95 Page 21975.
UNIFO			
1. PLEASE TYPE THIS FORM.	lus \$2.00 per trade name. If more than	ed carbon paper intact to the timing official	5" x 8". Only one copy of such additional sheets
retained by party making the mild. 4. If the space provided for any item(s) of	on the form is inadequate the indentures	orm.	party. If secured party requires acknowledgement
need be presented to the IMP ANYTHI DO NOT STAPLE OR TAPE ANYTHI O NOT STAPLE OR TAPE ANYTHI 5. At the time of original filing, filing of 5. of long schedules of collateral, two cop of long schedules of collateral, two cop	ficer will return acknowledgment copy ficer will return acknowledgment copy ies should be presented and one will be ies should be presented and ind by law.	returned.	
 DO NOT STATE of original filing, filing of At the time of original filing, filing of of long schedules of collateral, two cop of long schedules of collateral, two cop File UCC-3 with Secretary of State or File UCC-3 with Secretary of State or File UCC-3 with Secretary of State or 	BE USED IF ONL Uniform Commercia	Coor.	Filing Officer Use Only
TA Debion(*): HAWKINS CATTLE COMPAN	Y Credit	t Association	8-18-95
	2B. Addre securi	ss of Secured Party from which ty information obtainable:	M95/21975
18. Mailing Address(es): P O Box 181		ox 80021 as, Ca. 93912-0021	
P 0 BOX 10- 95024	Salin		trached)
Hollister, Ca. 95024	M65224 (se	e attached) Date filed (see a	D. ASSIGNMENT
This statement refers to original Finance A. CONTINUATION	From the collateral described in the file financing statement bearing the file secured number shown above, the Secured to the following the file following the file following the follow	cured Party no tony transming statement	attached) 19 D. ASSIGNMENT If the Secured Party certifies that the Secured Party satigned to the Assignee whose hame and addre strong the file of under the financing statement, bearing the file of the shown above in the following property: (deside below) (Fee \$3.75)
\$3.757	PADTIAL RELEASE		below) (Fee 33.707 4A. Assignee of Secured Party(ies) if any:
E. OTHER (Such as "amendment")	FULL RELEASE		4B. Address of Assignee from which security information obtainable:
	CHANGE SECURED PAR	TY NAME AND ADDRESS TO:	
(Fee \$3.75)	neific Coast Farm Cr.	edit Services, non	
υ 2	O Box 1928 atsonville, CA. 950		Farm Credit Services, ACA, nterest by merger to Pacifi
		successor in i Coast Product	Farm Credit Services, ACA, nterest by merger to Pacifi on Credit Association
		By:	(unki) of Seconed Partylies) or Assignee(s) Blosgett, Vice President
By:Signature(s) of Debt	- Constant Of 31819.	HATVEY L	DR. 97204
This form of Statement approved b STANDARD FORM-UNIFORM COM	MERCIAL CODE-FORM UCC-3 STEV	DFFICER - ALPHABETICAL	
9/1/830 10 NS1 1010 CL		THE REPORT OF THE	
plac.			

EXHIBIT "A"

21976

Debtor (See instructions 5 and 5) SALINAS PROSUCTION CREDIT SSN/TIN 94-1085604 18. ASSOCIATION Name: Newking Cattle Com 1C Mailing Address(s) 12 **GTATELOOF** 7.0. BOT 181 p.o. box e Hollister, Ca. 95024 95020 Bilroy, Ca. Amount of produc FOY OF STATE OR de all gals of cattin sevend by limiting Cattle Co March 193 · . . STATEMENT OF LAPSE - This statement of lapse signed by the secured party certifies that the effectiveness of the Effective Financing Statement bearing the life number shown above has lapsed. Signaturait) of Source Partyles) STANDARD FORM - EFFECTIVE FINANCING STATEMENT - FORM EFS-1 This form of Effective Financing Statement approved by Secretary of State. 11/18/86 FILING OFFICER - ACKNOWLEDGEMENT This copy is as clear as our copy. We can't determine the recording date. STATE OF OREGON: COUNTY OF KLAMATH : ss. Filed for record at request of ______ Pacific Coast Farm Credit Services the _____18th dav of ____August _____ A.D., 19 95 at 10:35 o'clock A M., and duly recorded in Vol. M95 of _____ Mortgages _____ ____ on Page 21975 Bernetha G. Letsch, County Clerk FEE \$10.00 By Non-Conform 10.00