

01 JUL 26 AM8:41

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UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER (optional)
B. SEND ACKNOWLEDGMENT TO: (Name and Address)
<div><div><div>T-L CREDIT COMPANY</div><div>A DIVISION OF T-L IRRIGATION CO.</div><div>XXXX P.O. BOX 1047</div><div>HASTINGS, NE 68902-1047</div><div>FED ID #47-0406891</div></div></div>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS.
M96 P35695 FILED ON 11-13-96 IN KLAMATH COUNTY, OR	<input type="checkbox"/>
2. TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement.	
3. <input checked="" type="checkbox"/> CONTINUATION: Effectiveness of the Financing Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law.	
4. ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and address of assignee in item 7c; and also give name of assignor in item 9.	
5. AMENDMENT (PARTY INFORMATION): This Amendment affects <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. Check only <u>one</u> of these two boxes. Also check <u>one</u> of the following three boxes and provide appropriate information in items 6 and/or 7. <input type="checkbox"/> CHANGE name and/or address: Give current record name in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7d-7g (if applicable).	
6. CURRENT RECORD INFORMATION:	
6a. ORGANIZATION'S NAME	
OR	6b. INDIVIDUAL'S LAST NAME
	CHEYNE
	CHARLES
	D.
7. CHANGED (NEW) OR ADDED INFORMATION:	
7a. ORGANIZATION'S NAME	
OR	7b. INDIVIDUAL'S LAST NAME
	CHEYNE
	544-44-0950
	MARGARET
	G.
7c. MAILING ADDRESS	
10057 LANCELL VALLEY ROAD	
BONANZA	
OR 97623	
USA	
7d. TAX ID #: SSN OR EIN	7e. TYPE OF ORGANIZATION
544-42-9964	DEBTOR
7f. JURISDICTION OF ORGANIZATION	
OR	
7g. ORGANIZATIONAL ID #, if any	
<input type="checkbox"/> NONE	
8. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> box. Describe collateral <input type="checkbox"/> deleted or <input type="checkbox"/> added, or give entire <input type="checkbox"/> restated collateral description, or describe collateral <input type="checkbox"/> assigned.	

State of Oregon, County of Klamath
Recorded 07/26/01 at 8:41 a. m.
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Linda Smith,
County Clerk Fee \$ 21.00

9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collateral or adds the authorizing Debtor, or if this is a Termination authorized by a Debtor, check he <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment.			
9a. ORGANIZATION'S NAME			
T-L CREDIT COMPANY BY:			
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	SUFFIX
10. OPTIONAL FILER REFERENCE DATA			

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