

## UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

State of Oregon, County of Klamath  
 Recorded 01/04/2002 9:22 a m.  
 Vol M02, Pg 500  
 Linda Smith, County Clerk  
 Fee \$ 21.00 # of Pgs 1  
5<sup>00</sup> apa

A. NAME & PHONE OF CONTACT AT FILER [optional] Rowena A. Chase (541) 883-6924	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)  <div style="text-align: center;"> <b>KLAMATH COUNTY FSA OFFICE</b>  <b>2316 S 6TH ST., STE. C</b>  <b>KLAMATH FALLS, OR 97601</b> </div>	

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THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE * Vol. M87, Page 14145, 8/6/87				1d. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the <input checked="" type="checkbox"/> REAL ESTATE RECORDS.	
2. <input checked="" type="checkbox"/> 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 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. <input type="checkbox"/> 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 CANTRELL		FIRST NAME MARVIN	MIDDLE NAME L.	SUFFIX
7. CHANGED (NEW) OR ADDED INFORMATION:					
7a. ORGANIZATION'S NAME					
OR	7b. INDIVIDUAL'S LAST NAME		FIRST NAME	MIDDLE NAME	SUFFIX
7c. MAILING ADDRESS Rt 2, Box 765			CITY Klamath Falls	STATE OR	POSTAL CODE 97603
7d. TAX ID #: SSN OR EIN		ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any <input type="checkbox"/> NONE
8. AMENDMENT (COLLATERAL CHANGE): check only one 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.					

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 here <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment.			
9a. ORGANIZATION'S NAME USDA/Farm Service Agency by: ROWENA A. CHASE <i>Rowena A. Chase</i>			
OR	9b. INDIVIDUAL'S LAST NAME		FIRST NAME MIDDLE NAME SUFFIX
10. OPTIONAL FILER REFERENCE DATA			