FEB 1	2 AMB:31		Vol_ <u>N</u>		8385 —		
A. B.	CC FINANCING STATEMENT AMENDMEN  LLOW INSTRUCTIONS (front and back) CAREFULLY  NAME & PHONE OF CONTACT AT FILER [optional]  MICHELE AMUNDSON/800-328-8863/X502  SEND ACKNOWLEDGMENT TO: (Name and Address)  FARM CREDIT LEASING SERVICES CORPORA  5500 WAYZATA BLVD SUITE#1600  MINNEAPOLIS, MN 55416	T Vol 1 Linds Fee 3	M02, Pg	egon, County of /12/2002 8/3/ a 5 9385-86 County Clerk # of Pgs _2			
	L	THE ABOVE SDA	LCE IS EO	R FILING OFFICE USE O	NI V		
1a.	INITIAL FINANCING STATEMENT FILE # #34029; VOL M97, PAGE		1b. This	FINANCING STATEMENT A s filed [for record] (or records	MENDMENT is		
- 2.	TERMINATION: Effectiveness of the Financing Statement identified above is		X REA	L ESTATE RECORDS.			
3.	CONTINUATION: Effectiveness of the Financing Statement identified above continued for the additional period provided by applicable law.						
4.	ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and a	ddress of assignee in item 7c; and also give name of	assignor in i	tem 9.			
	5. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor or Secured Party of record. Check only one of these two boxes.  Also check one of the following three boxes and provide appropriate information in items 6 and/or 7.  CHANGE name and/or address: Give current record name in item 5a or 6b; also give new name (if name change) in item 7a or 7b and/or new address (if address change) in item 7c.  CURRENT RECORD INFORMATION:  6a. ORGANIZATION'S NAME  RIVERSIDE POTATO, INC.						
OR	6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX		
7.	CHANGED (NEW) OR ADDED INFORMATION:    Tal. ORGANIZATION'S NAME						
OR	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE	NAME	SUFFIX		
7c.	I MAILING ADDRESS	СІТУ	STATE	POSTAL CODE	COUNTRY		
7d.	TAX ID #: SSN OR EIN   ADD'L INFO RE   7e. TYPE OF ORGANIZATION   ORGANIZATION   DEBTOR	7f. JURISDICTION OF ORGANIZATION	7g. ORGA	L NIZATIONAL ID #, if any	Пионе		
9. 1	AMENDMENT (COLLATERAL CHANGE): check only one box.  Describe collateral deleted or added, or give entire restated collateral	NDMENT (name of assignor, if this is an Assignmer	nt). If this is	an Amendment authorized by	a Debtor which		
1	adds collateral or adds the authorizing Debtor, or if this is a Termination authorized b  9a. ORGANIZATION'S NAME		I OK author	izing tris Amenoment.			
OR	FARM CREDIT LEASING SERVICES CORPORA  9b. INDIVIDUAL'S LAST NAME	TION   FIRST NAME	MIDDLE	NAME	SUFFIX		
	OPTIONAL FILER REFERENCE DATA						

RECORDED IN THE REAL ESTATE RECORDS OF KLAMATH COUNTY, OR

(6038969)(5032312)

UC	C FINANCING STATE	EMENTAME	NDMENT ADDENDUM			
FOL	LOW INSTRUCTIONS (front and t	ack) CAREFULLY				
11.	INITIAL FINANCING STATEMENT	FILE # (same as item	1a on Amendment form)			
	#34029; VOL M97,	PAGE 6829	FILED: 3-7-1997			
12.	NAME OF PARTY AUTHORIZING	THIS AMENDMENT	(same as item 9 on Amendment form)			
	12a. ORGANIZATION'S NAME					
OR	FARM CREDIT LEASING SERVICES CORPORATION					
	12b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME, SUFFI			
13.	Use this space for additional inform	nation				

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

LESSEE(DEBTOR): RIVERSIDE POTATO, INC.

RECORD OWNER OF REAL ESTATE: BURLINGTON NORTHERN RR CO.

COLLATERAL DESCRIPTION: PLANT EQUIPMENT

LEGAL LAND DESCRIPTION: TWP 41, RANGE 11, BLOCK SEC 11, TRACT ON GN R/W AT ADAMS POINT SIDING, IMPS IN KLAMATH COUNTY, OR

(6038969)(5032312)