						Vo	I <u>M</u> 0	2 P	_{age} 586	97	
A. N Pa	UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS (front and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER [optional] Pam Nelson 916-714-2240 B. SEND ACKNOWLEDGMENT TO: (Name and Address) Stockmans Bank P.O. Box 1150 Elk Grove CA 95759					State of C Recorded Vol M02, Linda Smi			Dregon, County of Klamath 10/15/2002 /2:24 P m. Pg 58697 th, County Clerk # of Pgs 1		
2 0 (GT 15 PM12:20	4		EF 7778 /		THE ABOV		b. This	filed [for record] (or	MENT AMENDMENT recorded) in the	
2.		· · · · · · · · · · · · · · · · · · ·				th respect to security interes) of the S		L ESTATE RECORE		
3.	CONTINUATIO	N: Effectivenes	s of the Financing Statem	nent identified abo		o security interest(s) of the S					
	continued for the	accitional penco	provided by applicable la	w.							
4. 5.					,	nee in item 7c; and also give					
	Also check one of the for CHANGE name a name (if name ch	illowing three boxe and/or address: G ange) in item 7a c	FION): This Amendmen es and provide appropriat live current record name or 7b and/or new address	te information in it in item 6a or 6b; a	also give new [DELETE name: Give re to be deleted in item 6a	cord name	☐ Al		item 7a or 7b, and als items 7d-7g (if	
6.	CURRENT RECORD 6a. ORGANIZATION		ON:								
OR	Sb. INDIVIDUAL'S LAST NAME			FIRST NAME		Į N	MIDDLE NAME		SUFFIX		
	Debtor: Keet	Debtor: Keeton			Roy						
7.	CHANGED (NEW) C		ORMATION:					····			
OR :	7b. INDIVIDUAL'S LA	ST NAME			I FIRST NAME			IDDI E M	145	Louisin	
	TO MICHIGANE OF COLUMN			THOU INSIDE		l no	MIDDLE NAME		SUFFIX		
7c.	MAILING ADDRESS				CITY		s	TATE	POSTAL CODE	COUNTRY	
7d.		ADD'L INFO RE ORGANIZATIO DEBTOR		GANIZATION	7f. JURISD	CTION OF ORGANIZATION	N 71). ORG	 ANIZATIONAL ID #,	if any	
8.	AMENDMENT (COL	LATERAL CHA	NGE): check only one I	resta	ated collateral des	cription, or describe					
	collateral L.J	desered of T	added, or give entire	colla	iteral	,	as	isigned.			
	,										
).		e authorizing Deb	ECORD AUTHORIZIN otor, or if this is a Termina				name of DE	his is an A BTOR a	mendment authorize uthorizing this	d by a Debtor which	
€.	adds collateral or adds the ga. ORGANIZATION'S	e authorizing Deb NAME				here and enter	name of DE	his is an A BTOR au	mendment authorize uthorizing this	d by a Debtor which	
9. OR	adds collateral or adds th	e authorizing Deb S NAME ANK				here and enter	name of DE	his is an A BTOR au	uthorizing this	SUFFIX	

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