			2 rage ~ r C
	<b></b> 1	ant	
CC FINANCING STATEMENT AMEND	MENT 1396- 4	90 1	
LLOW INSTRUCTIONS (front and back) CAREFULLY NAME & PHONE OF CONTACT AT FILER [optional]		State of Owers	- County of Klam
C. Jensen SEND ACKNOWLEDGEMENT TO: (Name and Address)		Recorded 04/18	n, County of Klam /2003
		Vol M03 Pg	14678-79
South Valley Bank & Trust		Linda Smith, Co Fee \$ 26.00	ounty Clerk
801 Main St. Attn: Cyndy		rec D 3(a	_ # 01 rgs
Klamath Falls, OR 97601			
1			
L		THE ABOVE SPACE IS FOR FILING C	
NITIAL FINANCING STATEMENT FILE # M96 Page 19630 MTC3775805		to be filed [for recor	
TERMINATION: Effectiveness of the Financing Statement iden	nlified above is terminated with respect to se	REAL ESTATE RE	
CONTINUATION: Effectiveness of the Financing Statement ide			
for the additional period provided by applicable law.			
ASSIGNMENT: (full or partial): Give name of assignee in item 7 MENDMENT (PARTY INFORMATION): This Amendment affect			(AS
so check one of the following three boxes and provide appropriate info		<u> </u>	100.
CHANGE name and/or address: Give current record name in item name (if name change) in item 7s or 7b and/or new address (if address IRRENT RECORD INFORMATION:			Complete item 7a or7b, and also item e items 7d-7g (if applicable).
Cross Brothers Farms, Inc.			
6b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
HANGED (NEW) OR ADDED INFORMATION:			
7a. ORGANIZATION'S NAME			64 M
		MIDDLE NAME	SUFFIX
7b. INDIVIDUAL'S LAST NAME	FIRST NAME	LAUDDER HOUSE	
AILING ADDRESS	CITY	STATE   POSTAL	
AILING ADDRESS POBox 39  DO'L INFORE 176, TYPE OF ORGA	city Macdoel	STATE POSTAL CA 96058	3
DO'L INFO RE 7e. TYPE OF ORGA	city Macdoel	STATE POSTAL CA 96058	3
AAILING ADDRESS POBox 39	Macdoel NIZATION 7f. JURISDICTION OF	STATE POSTAL CA 96058 ORGANIZATION 7g. ORGANIZATIO	NAL ID #, if any
MAILING ADDRESS POBOX 39  DD'L INFO RE DRGANIZATION DEBTOR  DEBTOR  MENDMENT (COLLATERAL CHANGE): check only one box. escribe collateral deleted or added, or give entire restate restate.	CITY Macdoel NIZATION 7f. JURISDICTION OF  ed collateral description, or describe collateral  S AMENDMENT (name of assignor, if this in the collateral description).	STATE POSTAL CA 96058  ORGANIZATION 7g. ORGANIZATIO  I assigned.	NAL ID#, if any □ NON
P O Box 39  DD'L INFO RE ORGANIZATION DEBTOR  MENDMENT (COLLATERAL CHANGE): check only one box.	CITY Macdoel NIZATION 7f. JURISDICTION OF  ed collateral description, or describe collateral  S AMENDMENT (name of assignor, if this in the collateral description).	STATE POSTAL CA 96058  ORGANIZATION 7g. ORGANIZATIO  I assigned.	NAL ID#, if any □ NON

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JUL -1 P3:57

STATE OF OREGON
Corporation Division – UCC
Public Service Building
255 Capitol Street NE, Suite 151
Salem, OR 97310–1327
(503) 986–2200 Facsimile (503) 373–1166

THIS SPACE FOR OFFICE USE ONLY

'age 19630

## UCC-1 STATE FINANCING STATEMENT STANDARD FORM

PLEASE TYPE OR WRITE LEGIBLY. READ INSTRUCTIONS BEFORE FILLING OUT FORM.

This Financing Statement is presented to filing officer pursuant to the Uniform Commercial Code. This financing statement remains effective for a

A. DEBTOR NAME(S) (if individual list last n	ame first)	F. LIST THE TYPES (OR ITEMS) OF
1. Cross Bros. Farms, Inc.		COLLATERAL (ORS 79.4020). Use a seperate sheet of paper if necessary.
-		PRODUCTS of collateral are also covered.
2.		All Accounts; whether any of the foregoing is
3.		owned now or acquired later; all accessions additions, replacements, and substitutions relating
DEBTOR MAILING ADDRESS:		to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds
P O Box 39 Macdoel, CA 96058		relating to any of the foregoing (Including Insurance, general Intangibles and accounts proceeds)
B. SECURED PARTY(IES) NAME AND ADD South Valley State Bank	RESS	
801 Main Street Klamath Falls, OR 97601		
Contact Name:	Phone No.:	
C. ASSIGNEE(S) NAME AND ADDRESS (if	any)	
Contact Name:	Phone No.:	
D. DEBTOR SIGNATURE(S) REQUIRED:  (A) US BABS (EARMS) IM  BV:  BV:		
By: White VII	Ву:	
By:	By:	
is not required. See instructions for further in  ☐ Collateral already subject to a security ☐ Which is proceeds of the described of ☐ Collateral as to which to filing has lap ☐ Collateral acquired after a change of By:	y interest in another jurisdiction. riginal collateral which was perfected. sed.	debtor.
Secured Party signature	Secured Party signature	
RETURN COPY TO: (name and addr	ress). Please do not type or print outside	e of bracketed area. OR, FAX COPY TO: (name and fax number).
South Valley State Bank	_	7
801 Main Street Klamath Falls, OR 97601		Name:
Manager and, On 97001		
		Fax Number:
UCC-1 (Rev. 7/95)		
STATE OF OREGON: COUNTY OF KI	_AMATH: ss.	
	AmeriTitle	the 1st day
Filed for record at request of		P M., and duly recorded in Vol. M96
of	Mortgages	on Page 19630  Bernetha G. Letsch, County Clerk
FEE \$5.00	INDEXED BY	Chank Friball