

**UCC FINANCING STATEMENT AMENDMENT**

1396-4907

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional]  
**C. Jensen**

B. SEND ACKNOWLEDGEMENT TO: (Name and Address)

South Valley Bank & Trust  
 801 Main St. Attn: Cyndy  
 Klamath Falls, OR 97601

State of Oregon, County of Klamath  
 Recorded 04/18/2003 10:47 A.M.  
 Vol M03 Pg 24678-79  
 Linda Smith, County Clerk  
 Fee \$ 26.00 # of Pgs 2

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE #  
**M96 Page 19630 MTC3775805**

1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or record) in the REAL ESTATE RECORDS.

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.  **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  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 item 6 and/or 7.

**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.  
 **DELETE name:** Give record name to be deleted in item 6a or 6b.  
 **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  
**Cross Brothers Farms, Inc.**

OR 6b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME 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 CITY STATE POSTAL CODE COUNTRY

**P O Box 39 Macdoel CA 96058**

7d. INFO RE ORGANIZATION DEBTOR 7e. TYPE OF ORGANIZATION 7f. JURISDICTION OF ORGANIZATION 7g. ORGANIZATIONAL ID #, if any

NONE

8. AMENDMENT (COLLATERAL CHANGE): check only one box.  
 Describe collateral  deleted or  added, or give entire  restated collateral description, or describe collateral  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  and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME  
**South Valley Bank & Trust**

OR 9b. INDIVIDUAL'S LAST NAME FIRST NAME MIDDLE NAME SUFFIX

10. OPTIONAL FILER REFERENCE DATA

26.00 m

Submit this form and fee \$10.00 per form

2071

'96 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

24679

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MTC 3775875

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 period of five years from the date of filing, unless extended for additional periods as provided for by ORS Chapter 79. A carbon, photographic or other reproduction of this form, financing statement or security agreement may be filed as a financing statement under ORS Chapter 79.

A. DEBTOR NAME(S) (if individual list last name first)

- 1. Cross Bros. Farms, Inc.
2.
3.

DEBTOR MAILING ADDRESS:

P O Box 39 Macdoel, CA 96058

F. LIST THE TYPES (OR ITEMS) OF COLLATERAL (ORS 79.4020).

Use a separate sheet of paper if necessary.

[X] PRODUCTS of collateral are also covered.

All Accounts; whether any of the foregoing is owned now or acquired later; all accessions, additions, replacements, and substitutions relating to any of the foregoing; all records of any kind relating to any of the foregoing; all proceeds relating to any of the foregoing (including insurance, general intangibles and accounts proceeds)

B. SECURED PARTY(IES) NAME AND ADDRESS

South Valley State Bank 801 Main Street Klamath Falls, OR 97601

Contact Name: [Signature] Phone No.:

C. ASSIGNEE(S) NAME AND ADDRESS (if any)

Contact Name: Phone No.:

D. DEBTOR SIGNATURE(S) REQUIRED:

By: [Signature] By: [Signature]

E. DEBTOR SIGNATURE(S) NOT REQUIRED. If applicable, check the appropriate box below to file without debtor signature(s). This statement is filed without the debtor signature(s) to perfect a security interest in collateral. Secured Party must sign, when Debtor signature(s) is not required. See instructions for further information.

- [ ] Collateral already subject to a security interest in another jurisdiction.
[ ] Which is proceeds of the described original collateral which was perfected.
[ ] Collateral as to which to filing has lapsed.
[ ] Collateral acquired after a change of name, identity or corporate structure of debtor.

By: Secured Party signature Secured Party signature

RETURN COPY TO: (name and address). Please do not type or print outside of bracketed area. OR, FAX COPY TO: (name and fax number).

South Valley State Bank 801 Main Street Klamath Falls, OR 97601

Name: Fax Number:

UCC-1 (Rev. 7/95)

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of AmeriTitle the 1st day of July A.D., 19 96 at 3:57 o'clock P.M., and duly recorded in Vol. M96 of Mortgages on Page 19630.

FEE \$5.00

By Bernetha G. Letsch, County Clerk [Signature]



INDEXED [Signature]