

State of Oregon, County of Klamath
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 Vol M04 Pg 1316
 Linda Smith, County Clerk
 Fee \$ 21⁰⁰ # of Pgs 1

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

| | |
|--|--|
| A. NAME & PHONE OF CONTACT AT FILER [optional] ROWENA A. CHASE (541) 883-6924 EXT. 108 | |
| B. SEND ACKNOWLEDGEMENT TO: (Name and Address) pt: USDA/FARM SERVICE AGENCY 2316 SOUTH SIXTH STREET SUITE C KLAMATH FALLS, OR 97601 | |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

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|--|-----------------------------------|---|----------------------------------|
| 1a. INITIAL FINANCING STATEMENT FILE # VOL M94, PAGE 16726 | | 1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or record) in the REAL ESTATE RECORDS. <input checked="" type="checkbox"/> | |
| 2. <input 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 checked="" 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 one of the following three boxes and provide appropriate information in item 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 | | | |
| DUNLEA | | FIRST NAME | MIDDLE NAME |
| | | DENNIS | J |
| 7. CHANGED (NEW) OR ADDED INFORMATION: | | | |
| 7a. ORGANIZATION'S NAME | | | |
| OR 7b. INDIVIDUAL'S LAST NAME | | | |
| | | FIRST NAME | MIDDLE NAME |
| | | | SUFFIX |
| 7c. MAILING ADDRESS | | | |
| 28949 STATELINE ROAD | | CITY | STATE |
| | | MALIN | OR |
| | | POSTAL CODE | COUNTRY |
| | | 97632 | USA |
| 7d. | ADDL. INFO RE ORGANIZATION DEBTOR | 7e. TYPE OF ORGANIZATION | 7f. JURISDICTION OF ORGANIZATION |
| | | | 7g. ORGANIZATIONAL ID #, if any |
| 8. AMENDMENT (COLLATERAL CHANGE): check only <u>one</u> 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. <input type="checkbox"/> NONE | | | |

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| 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. USDA ACTING THROUGH FARM SERVICE AGENCY BY: ROWENA A. CHASE, PT | | | |
| 9a. ORGANIZATION'S NAME | | 9b. INDIVIDUAL'S LAST NAME | |
| | | FIRST NAME | MIDDLE NAME |
| | | | SUFFIX |
| 10. OPTIONAL FILER REFERENCE DATA | | | |