

# UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

State of Oregon, County of Klamath  
Recorded 03/15/2004 8:35 A m  
Vol M04 Pg 14375  
Linda Smith, County Clerk  
Fee \$ 21.00 # of Pgs 1

|   |  |
|---|--|
| A. NAME & PHONE OF CONTACT AT FILER (optional)<br>LeeAnn Heath 503 373-3050                 |  |
| B. SEND ACKNOWLEDGMENT TO: (Name and Address)<br><br>FCS<br>PO Box 13309<br>Salem, OR 97309 |  |

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Volume  
M99-11621

|  |                                   |   |   |
|--|-----------------------------------|---|---|
| 1a. INITIAL FINANCING STATEMENT FILE #<br>M99-11621  |                                   | 1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the<br><input type="checkbox"/> REAL ESTATE RECORDS |   |
| 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 one of these two boxes.<br>Also check one of the following three boxes and provide appropriate information in Items 6 and/or 7.<br><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.<br><input type="checkbox"/> DELETE name: Give record name to be deleted in Item 6a or 6b.<br><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<br>OR Sierra Cascade Nursery, Inc.   |                                   |   |   |
| 6b. INDIVIDUAL'S LAST NAME   |                                   | FIRST NAME  | MIDDLE NAME SUFFIX                        |
| 7. CHANGED (NEW) OR ADDED INFORMATION:   |                                   |   |   |
| 7a. ORGANIZATION'S NAME<br>OR  |                                   |   |   |
| 7b. INDIVIDUAL'S LAST NAME   |                                   | FIRST NAME  | MIDDLE NAME SUFFIX                        |
| 7c. MAILING ADDRESS<br>472 715 Johnson Road  |                                   | CITY<br>Susanville  | STATE POSTAL CODE COUNTRY<br>CA 96130 USA |
| 7d. Tax ID# SSN or EIN<br>68-0318735   | ADD'L INFO RE ORGANIZATION DEBTOR | 7e. TYPE OF ORGANIZATION<br>CORP  | 7f. JURISDICTION OF ORGANIZATION<br>CA    |
|  |                                   | 7g. ORGANIZATIONAL ID#, if any<br>C1878067 <input type="checkbox"/> NONE  |   |

|   |  |            |                    |
|---|--|------------|--------------------|
| 8. AMENDMENT (COLLATERAL CHANGE): check only one box.<br>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   |  |            |                    |
| 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 by a Debtor, check here <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment. |  |            |                    |
| 9a. ORGANIZATION'S NAME<br>OR Northwest Farm Credit Services, PCA & FLCA  |  |            |                    |
| 9b. INDIVIDUAL'S LAST NAME  |  | FIRST NAME | MIDDLE NAME SUFFIX |

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| 10. OPTIONAL FILER REFERENCE DATA<br>36676-241 & 441 Klamath County |  |
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