

# 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) LeeAnn Heath 503 373-3050	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)  FCS PO Box 13309 Salem, OR 97309	

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

Volume  
199-11621

1a. INITIAL FINANCING STATEMENT FILE # <u>199-11621</u>	1b. This FINANCING STATEMENT AMENDMENT is to be filed (for record) (or recorded) in the <input type="checkbox"/> REAL ESTATE RECORDS
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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 Items 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 OR <u>Sierra Cascade Nursery, Inc.</u>			
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 <u>472 715 Johnson Road</u>	CITY <u>Susanville</u>	STATE <u>CA</u>	POSTAL CODE <u>96130</u>	COUNTRY <u>USA</u>
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7d. Tax ID#: SSN or EIN <u>68-0318735</u>	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION <u>CORP</u>	7f. JURISDICTION OF ORGANIZATION <u>CA</u>	7g. ORGANIZATIONAL ID#, if any <u>C1878067</u> <input type="checkbox"/> NONE
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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 by a Debtor, check here ☐ and enter name of DEBTOR authorizing this Amendment.

9a. ORGANIZATION'S NAME OR <u>Northwest Farm Credit Services, PCA &amp; FLCA</u>			
9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

10. OPTIONAL FILER REFERENCE DATA

36676-241 & 441 Klamath County