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	UCC FINAN	CING S	TATEMEI	NT A

## Vol. MO4 Page 14375

UCC FINANCING STATEMENT AMENDMENT	Percede	Oregon, County of Klama d 03/15/2004 8:35 A	m m
FOLLOW INSTRUCTIONS (front and back) CAREFULLY		Pg 14375	
A. NAME & PHONE OF CONTACT AT FILER (optional) LeeAnn Heath 503 373-3050		nith, County Clerk	
B. SEND ACKNOWLEDGMENT TO: (Name and Address)	Fee \$ _c	21°°° # of Pgs	
FCS	'		
PO Box 13309		-	
₩ Salem, OR 97309			
	.		
	THE ABOVE S	PACE IS FOR FILING OFFICE USE	ONLY
, 1a. INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATEMENT AL	ACMPARENT
12 INTO FRANCING STATEMENT FILE I	-	to he filed [for record] (or recorder	
MALL COST		REAL ESTATE RECORDS	
2. TERMINATION: Effectiveness of the Financing Statement identified above in	e terminated with respect to security interest(s) o	f the Secured Party authorizing this Termi	nation State
3. CONTINUATION: Effectiveness of the Financing Statement identified above	with respect to security interest(s) of the Secure	d Party authorizing this Continuation State	ement is
continued for the additional period provided by applicable law.			
4. ASSIGNMENT (full or partial): Give name of essignee in item 7a or 7b and a			
5. AMENDMENT (PARTY INFORMATION): This Amendment affects De Also check one of the following three boxes and provide appropriate information in	btor gr Secured Party of record. Check of the conditions of t	only <u>one</u> of these two boxes.	
CHANGE name and/or address: Give current record name in lien 6s or 6t;		i name ADD name: Complete Item 7	a or 7b. end
name (If name change) in Item 7a or 7b and/or new address (If address chan			
6. CURRENT RECORD INFORMATION:  6e. ORGANIZATION'S NAME			
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Clamp Canada Numan, Inc			
OR Sierra Cascade Nursery, Inc.	T FIRST NAME	I MIDDLE HAVE	er ice iv
OR Sierra Cascade Nursery, Inc.  6b. INDIVIDUAL'S LAST KAME	FIRST NAME	MIDDLE NAME	SUFFD
86. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
	FIRST NAME	MIDOLE IV.WE	8UFFD
86. INDIVIDUAL'S LAST NAME  7. CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME	FIRST NAME	MIDDLE NAME	SUFFD
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7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME  OR 7b. INDIVIDUAL'S LAST NAME  7c. MAILING ADDRESS	FIRST NAME CITY	MIDDLE NAME STATE POSTAL CODE	SUFFD
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME  OR 7b. INDIVIDUAL'S LAST NAME  7c. MAILING ADDRESS  472 715 Johnson Road	FRST NAME  CITY  Susanville	STATE POSTAL CODE CA 98130	SUFFD: COUNT
7. CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME  OR 7b. INDIVIDUAL'S LAST NAME  7c. MAILING ADDRESS  472 715 Johnson Road 7d. Teridi: SSN or EIN ADDL INFO RE ORGANIZATION	FIRST NAME  CITY  SUBANVIIIE  TON 77. JURISDICTION OF ORGANIZA	STATE POSTAL CODE  CA 96130  ATTON 7g. ORGANIZATIONAL IDII,	SUFFD COUNT USA
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