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CC FINANCING STATEMENT AMENDMENDLOW INSTRUCTIONS (front and back) CAREFULLY	NT V	State of Oregon, County of Klamath Recorded 05/20/05 10:46 m Vol M05 Pg 3(610) Linda Smith, County Clerk Fee \$ 2 # of Pgs		
NAME & PHONE OF CONTACT AT FILER [optional] ROWENA A. CHASE (541) 883-6924 E. SEND ACKNOWLEDGEMENT TO: (Name and Address)	XT. 108	ee \$ <u> </u>	of Pgs	-
USDA/FARM SERVICE AGENCY 2316 SOUTH 6TH STREET SUITE C KLAMATH FALLS, OR 97601				
<u>L</u>		ABOVE SPACE IS FOR F	II INC OFFICE US	E ONLY
. INITIAL FINANCING STATEMENT FILE # VOL. M00, PAGE 27104 ORIG. D	ATE FILED: 7/25/200	1b. This FINANi to be filed [fi	CING STATEMEN or record] (or recor ATE RECORDS.	T AMENDMENT I
TERMINATION: Effectiveness of the Financing Statement identified at				
CONTINUATION: Effectiveness of the Financing Statement identified for the additional period provided by applicable law.	above with respect to security interest(s) of	of the Secured Party authorizing	this Continuation Stat	ement is continued
ASSIGNMENT: (full or partial): Give name of assignee in item 7a or 7b				
AMENDMENT (PARTY INFORMATION): This Amendment affects [] [] Also check one of the following three boxes and provide appropriate information	Debtor or Secured Party of record in item 6 and/or 7.	rd. Check only <u>one</u> of these	two boxes.	
CHANGE name and/or address: Give current record name in item 6a or 6			name: Complete iten	n 7a or7b, and also itr
name (if name change) in item 7a or 7b and/or new address (if address change) CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME) in item 7c. to be deleted in item	m 6a or 6b. 7c; als	so complete items 7d-7g	(if applicable).
6b. INDIVIDUAL'S LAST NAME NEVIN	FIRST NAME PETER	MIDDLE NA	AME	SUFFIX
NEVIN			AME	SUFFIX
NEVIN CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME	PETER	A		
NEVIN CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME				SUFFIX
NEVIN CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS	PETER FIRST NAME CITY	A MIDDLE NA STATE P	AME	SUFFIX
NEVIN CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 7017 HWY 140 ADD'L INFO RE 76, TYPE OF ORGANIZAT	FIRST NAME CITY DAIRY	MIDDLE NA STATE POR S	AME	SUFFIX COUNTRY USA
NEVIN CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 7017 HWY 140 ADD'L INFO RE ORGANIZATION DEBTOR	FIRST NAME CITY DAIRY	MIDDLE NA STATE POR S	AME OSTAL CODE 97625	SUFFIX COUNTRY USA f any
NEVIN CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME 7b. INDIVIDUAL'S LAST NAME MAILING ADDRESS 7017 HWY 140 ADD'L INFO RE ORGANIZATION DEBTOR AMENDMENT (COLLATERAL CHANGE): check only one box.	FIRST NAME CITY DAIRY Ton 7f. JURISDICTION OF ORG	MIDDLE NA STATE POR S SANIZATION 7g. ORGAN	AME OSTAL CODE 97625	SUFFIX COUNTRY USA f any
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