M06-08129

Klamath County, Oregon 04/26/2006 09:41:48 AM Pages 1 Fee: \$21.00

UCC FINANCING STATEMENT	AMENDMENT
-------------------------	-----------

	OF CONTACT AT F	CAREFULLY						
A. NAME & PHONE LeeAnn (503) 373-3		ILER (optional)						
B. SEND ACKNOWLE	EDGMENT TO: (Nan	ne and Address)						
	- O. (Nai)	ne and Address)						
FCS-S	alom							
	x 13309							
Salem,	OR 97309							
			i					
			- I I					
				THE ABOVE SE	PACE IS F	OR FILI	NG OFFICE USE	ONLY
INITIAL FINANCING STA	TEMENT FILE #				41			
M96 16448			MATH COU	NTV	to b	FINANCII e filed Ifor	NG STATEMENT AM record] (or recorded)	IENDMENT
				1411			E RECORDS	i iii iiie
TERMINATION: Effec	ctiveness of the Financia	ng Statement identified above is termin	ated with respect to	security interest/e) a	(45-0-			
CONTINUATION: Effe	ectiveness of the Figure	- Challenger Challenger	ated with respect to	security interest(s) of	r the Secure	d Party at	thorizing this Termin	ation Stater
continued for the addi	tional period provided b	ring Statement identified above with re	spect to security into	erest(s) of the Secure	d Party auth	orizing thi	s Continuation Stater	ment is
Tricordinate (Idan or	partially. Give fiame of	assignee in item 7a or 7b and address	of assignee in item	7c; and also give nam	ne of assign	or in item :	9.	
MENDMENT (PARTY INF	FORMATION): This Am	endment affects Debtor or	Secured Par	ty of record. Check or	nly one of th	ese two be	oxes	
CHANCE	ving three boxes and pri	ovide appropriate information in items	and/or/.					
CHANGE name and/or	r address: Give current	record name in item 6a or 6b; also give		E name: Give record	name	ADD nan	ne: Complete item 7a	or 7h and
URRENT RECORD INFO	PMATION:	r new address (if address change) in it	em 7c. to be o	eleted in item 6a or 6	ib.	item 7c; a	ilso complete items 7	d-7g (if app
6a. ORGANIZATION'S	NAME							
Sierra Cascad	le Nursery, Inc) .						
6b. INDIVIDUAL'S LAS	TNAME		FIRST NAME		— Т	MIDDLE N	JAME	SUFFIX
						WIIDDEL I	AVIAIC.	SUFFIX
IAMOED (MENO OF A								
HANGED (NEW) OR ADD 7a. ORGANIZATION'S	DED INFORMATION:							
Tal Ottorities (Total	ITAIVIE							
	TNAME		FIRST NAME			MIDDLE N	ANE	
7b. INDIVIDUAL'S LAS						MIDDLE N	IAME	SUFFIX
7b. INDIVIDUAL'S LAS			į.					
								1
			CITY			STATE	POSTAL CODE	COUNTR
AAILING ADDRESS								COUNTE
MAILING ADDRESS	n Road	7e. TYPE OF ORGANIZATION	Susanvill	e		CA	96130	
MAILING ADDRESS	n Road ADD'L INFO RE ORGANIZATION	7e. TYPE OF ORGANIZATION	Susanvill	e ION OF ORGANIZAT		CA		
AAILING ADDRESS 172-715 Johnso ax Id#: SSN or EIN	n Road ADD'L INFO RE ORGANIZATION DEBTOR		Susanvill	e ION OF ORGANIZAT		CA	96130	any
IAILING ADDRESS 72-715 Johnso ax id#: SSN or EIN	n Road ADD'L INFO RE ORGANIZATION DEBTOR		Susanvill	C ION OF ORGANIZAT		CA	96130	any
AAILING ADDRESS 72-715 Johnso ax Id#: SSN or EIN MENDMENT (COLLATER	IN Road ADD'L INFO RE ORGANIZATION DEBTOR AL CHANGE): check or	nly one box.	Susanvill	ION OF ORGANIZAT	TION	CA	96130	any
AAILING ADDRESS 72-715 Johnso ax Id#: SSN or EIN MENDMENT (COLLATER	IN Road ADD'L INFO RE ORGANIZATION DEBTOR AL CHANGE): check or		Susanvill	ION OF ORGANIZAT	TION	CA	96130	any
AAILING ADDRESS 72-715 Johnso ax Id#: SSN or EIN MENDMENT (COLLATER	IN Road ADD'L INFO RE ORGANIZATION DEBTOR AL CHANGE): check or	nly one box.	Susanvill	ION OF ORGANIZAT	TION	CA	96130	any
AAILING ADDRESS 72-715 Johnso ax Id#: SSN or EIN MENDMENT (COLLATER	IN Road ADD'L INFO RE ORGANIZATION DEBTOR AL CHANGE): check or	nly one box.	Susanvill	ION OF ORGANIZAT	TION	CA	96130	any
AAILING ADDRESS 72-715 Johnso ax Id#: SSN or EIN MENDMENT (COLLATER	IN Road ADD'L INFO RE ORGANIZATION DEBTOR AL CHANGE): check or	nly one box.	Susanvill	ION OF ORGANIZAT	TION	CA	96130	any
AAILING ADDRESS 72-715 Johnso ax Id#: SSN or EIN MENDMENT (COLLATER	IN Road ADD'L INFO RE ORGANIZATION DEBTOR AL CHANGE): check or	nly one box.	Susanvill	ION OF ORGANIZAT	TION	CA	96130	any
AAILING ADDRESS 72-715 Johnso ax Id#: SSN or EIN MENDMENT (COLLATER	IN Road ADD'L INFO RE ORGANIZATION DEBTOR AL CHANGE): check or	nly one box.	Susanvill	ION OF ORGANIZAT	TION	CA	96130	any
AAILING ADDRESS 72-715 Johnso ax Id#: SSN or EIN MENDMENT (COLLATER	IN Road ADD'L INFO RE ORGANIZATION DEBTOR AL CHANGE): check or	nly one box.	Susanvill	ION OF ORGANIZAT	TION	CA	96130	any
AAILING ADDRESS 72-715 Johnso ax Id#: SSN or EIN MENDMENT (COLLATER	IN Road ADD'L INFO RE ORGANIZATION DEBTOR AL CHANGE): check or	nly one box.	Susanvill	ION OF ORGANIZAT	TION	CA	96130	any
AAILING ADDRESS 72-715 Johnso ax Id#: SSN or EIN MENDMENT (COLLATER	IN Road ADD'L INFO RE ORGANIZATION DEBTOR AL CHANGE): check or	nly one box.	Susanvill	ION OF ORGANIZAT	TION	CA	96130	any
AAILING ADDRESS 72-715 Johnso ax Id#: SSN or EIN MENDMENT (COLLATER escribe collateral dele	IN Road ADD'L INFO RE ORGANIZATION DEBTOR AL CHANGE): check or eted or added, or gi	nly <u>one</u> box. ive entire restated collateral descr	Susanvill 7f. JURISDICT	ION OF ORGANIZAT	d	CA 7g. ORGA	96130 NIZATIONAL ID#, if a	noi
MAILING ADDRESS 72-715 Johnso ax Id#: SSN or EIN MENDMENT (COLLATER escribe collateral dele	ADD'L INFO RE ORGANIZATION DEBTOR AL CHANGE): check or eted or added, or gi	ily <u>one</u> box. ive entire restated collateral descr	Susanvill 7f. JURISDICT ption, or describe c	ION OF ORGANIZAT	d d	CA 7g. ORGA	96130 NIZATIONAL ID#, if a	nor
MAILING ADDRESS 172-715 Johnso Tax Id#: SSN or EIN MENDMENT (COLLATER escribe collateral dele	ADD'L INFO RE ORGANIZATION DEBTOR AL CHANGE): check or eted or added, or gi	nly <u>one</u> box. ive entire restated collateral descr	Susanvill 7f. JURISDICT ption, or describe c	ION OF ORGANIZAT	d d	CA 7g. ORGA	96130 NIZATIONAL ID#, if a	noi
MAILING ADDRESS 172-715 Johnso Tax Id#: SSN or EIN MENDMENT (COLLATER escribe collateral dele dele describe collateral or adds the au 9a. ORGANIZATION'S N	ADD'L INFO RE ORGANIZATION DEBTOR AL CHANGE): check or eted or added, or gi	restated collateral descrive entire restated collateral description of the collateral description of t	Susanvill 7f. JURISDICT ption, or describe c	ION OF ORGANIZAT	d d	CA 7g. ORGA	96130 NIZATIONAL ID#, if a	nor
MAILING ADDRESS 172-715 Johnso Tax Id#: SSN or EIN MENDMENT (COLLATER escribe collateral dele describe collateral dele describe collateral or adds the a 9a. ORGANIZATION'S N	ADD'L INFO RE ORGANIZATION DEBTOR AL CHANGE): check or eted or added, or gi Y OF RECORD AUTHO Ulthonizing Debtor, or if the HAME TO Credit Service	restated collateral descrive entire restated collateral description of the collateral description of t	Susanvill 7f. JURISDICT ption, or describe c	ION OF ORGANIZAT	d d	CA 7g. ORGA	96130 NIZATIONAL ID#, if a	nor
ME OF SECURED PARTORS collateral or adds the as	ADD'L INFO RE ORGANIZATION DEBTOR AL CHANGE): check or eted or added, or gi Y OF RECORD AUTHO Ulthonizing Debtor, or if the HAME TO Credit Service	restated collateral descrive entire restated collateral description of the collateral description of t	Susanvill 7f. JURISDICT ption, or describe c	ION OF ORGANIZAT	is an Amend BTOR author	CA 7g. ORGA	96130 NIZATIONAL ID#, if a lorized by a Debtor w Amendment.	ny Nor
MAILING ADDRESS 172-715 Johnso Tax Id#: SSN or EIN MENDMENT (COLLATER escribe collateral dele describe collateral dele describe collateral or adds the a 9a. ORGANIZATION'S N	ADD'L INFO RE ORGANIZATION DEBTOR AL CHANGE): check or eted or added, or gi Y OF RECORD AUTHO Ulthonizing Debtor, or if the HAME TO Credit Service	restated collateral descrive entire restated collateral description of the collateral description of t	Susanvill 7f. JURISDICT splion, or describe c	ION OF ORGANIZAT	is an Amend BTOR author	CA 7g. ORGA	96130 NIZATIONAL ID#, if a lorized by a Debtor w Amendment.	П иои
MAILING ADDRESS 172-715 Johnso Tax Id#: SSN or EIN MENDMENT (COLLATER escribe collateral dele escribe collateral dele state of SECURED PARTY ts collateral or adds the at 9a. ORGANIZATION'S N Northwest Farm 9b. INDIVIDUAL'S LAST	ADD'L INFO RE ORGANIZATION DEBTOR AL CHANGE): check or eted or added, or gi Y OF RECORD AUTHOR uthorizing Debtor, or if the HAME The Credit Service NAME	restated collateral descrive entire restated collateral description of the collateral description of t	Susanvill 7f. JURISDICT splion, or describe c	ION OF ORGANIZAT	is an Amend BTOR author	CA 7g. ORGA	96130 NIZATIONAL ID#, if a lorized by a Debtor w Amendment.	ny Nor
MAILING ADDRESS 172-715 Johnso Tax Id#: SSN or EIN MENDMENT (COLLATER escribe collateral dele escribe collateral dele state of SECURED PARTY ts collateral or adds the at 9a. ORGANIZATION'S N Northwest Farm 9b. INDIVIDUAL'S LAST	ADD'L INFO RE ORGANIZATION DEBTOR AL CHANGE): check or eted or added, or gi Y OF RECORD AUTHOR uthorizing Debtor, or if the HAME The Credit Service NAME	restated collateral descrive entire restated collateral description of the collateral description of t	Susanvill 7f. JURISDICT splion, or describe c	ION OF ORGANIZAT	is an Amend BTOR author	CA 7g. ORGA	96130 NIZATIONAL ID#, if a lorized by a Debtor w Amendment.	ny Nor
MAILING ADDRESS 172-715 Johnso Tax Id#: SSN or EIN MENDMENT (COLLATER escribe collateral dele describe collateral dele describe collateral or adds the a 9a. ORGANIZATION'S N	ADD'L INFO RE ORGANIZATION DEBTOR AL CHANGE): check or eted or added, or gi Y OF RECORD AUTHOR uthorizing Debtor, or if the HAME The Credit Service NAME	restated collateral descrive entire restated collateral description of the collateral description of t	Susanvill 7f. JURISDICT splion, or describe c	ION OF ORGANIZAT	is an Amend BTOR author	CA 7g. ORGA	96130 NIZATIONAL ID#, if a lorized by a Debtor w Amendment.	ny Nor