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| OLLOWINSTRUCTIONS (from and back) CAREFULLY A. NAME & PHONE OF CONTACT AT FILER (policional) Rowens A. Chase (34) 883-6924 Extension 108 B. SEND ACKNOWLEDGEMENT TO: (Name and Address) USDA/Farm Service Agency 2316 South 6th Street Suite C Klamath Falls, OR 97601 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY TO L. MOO, PAGE #27104 ORIG. DATE FILED: 7/25/2000 This Financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement for the additional period provided by applicable law. ASSIGNMENT: (full or partial): Give name of assignee in term 7 or 75 and address of assignee in Item 7c, and also give name of assignor in Item 9. AMENDMENT: (full or partial): Give name of assignee in term 7 or 75 and address of assignee in Item 7c, and also give name of assignor in Item 9. AMENDMENT: (full or partial): Give name of assignee in term 7 or 75 and address of assignee in Item 7c, and also give name of assignor in Item 9. AMENDMENT: (full or partial): Give name of assignee in term 7 or 75 and address of assignee in Item 7c, and also give name of assignor in Item 9. AMENDMENT: (full or partial): Give name of assignee in term 7 or 75 and address of assignee in Item 7c, and also give name of assignor in Item 9. AMENDMENT: (full or partial): Give name of assignee in Item 7c and also give name of assignor in Item 9. AMENDMENT: (full or partial): Give name of assignee in Item 7c and also give name of assignor in Item 9. AMENDMENT: (full or partial): Give name of assignee in Item 7c and also give name of assignor in Item 9. AMENDMENT: (full or partial): Give name of assignee in Item 7c and also give name of assignor in Item 9. AMENDMENT: (full or partial): Give name of assignee in Item 7c and also give name of assignor in Item 9. AMENDMENT: (full or partial): Give name of assignee in Item 7c and also give name of assignor in Item 9. AMENDMENT: (full or partial): Give name of assignee | 000338 | | | 6200 7 00183390010013 | | |
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| A RAME & PHONE OF CONTACT AT FILER (optional) Rowers A. Chase: (41) 833-6924 Extension 108 B. SEND ACKNOWLEDGEMENT TO: (Name and Address) USDA/Farm Service Agency 2316 South 6th Street Suite C Klamath Falls, OR 97601 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY In International Statement File # VOL. M00, PAGE #27104 ORIG. DATE FILED: 7/25/2000 The International Statement Identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement Identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement Identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement Identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement Identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement Identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination Statement Identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Continuation Statement Is continuated the period provided by applicability of applicability applicabilit | JCC FINANCING STATEMENT AMENDMEN | IT | 10/24/2007 10:5 | 54:03 AM | | Fee: \$21.0 |
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| USDA/Farm Service Agency 2316 South 6th Street Suite C Klamath Falls, OR 97601 | Rowena A. Chase (541) 883-6924 Extension 108 | | | | | |
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| Klamath Falls, OR 97601 LINITIAL FINANCING STATEMENT FILE # /OL. M00, PAGE #27104 ORIG. DATE FILED: 7/25/2000 This Financing Statement Amendment for the financing Statement identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Continuation Statement for the additional pender provided by applicable law. 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. AMENDMENT (PARTY INFORMATION): This Amendment affects Debtor of Secured Party of record. Check only one of these two boxes. CHANGE name and/or address: Give current record name in item 5a or fib. also give nam (if name change) in item 7a or 7b and/or new address (if address change) in item 7c. all or be deleted in item 6a or 6b. CURRENT RECORD INFORMATION: To address: Give current record name in item 5a or 6b. site give new to be deleted in item 6a or 6b. CURRENT RECORD INFORMATION: To, also complete item 7a or 7b and or new address (if address change) in item 7c. To, also complete item 7a or 7b and by the manual of name of the following three boxes and provide appropriate information in time 5 and and/or 7. CHANGE name and/or address: Give current record name in item 5a or 6b. site give new to be deleted in item 6a or 6b. CURRENT RECORD INFORMATION: To, also complete item 7a or 7b, and also complete item 7a or 7b, an | | | | | | |
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| | MAILING ADDRESS 117 HWY 140 E ADD'L INFO RE ORGANIZATION ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check columns are box | CITY DAIRY N 7f. JURISDIC | CTION OF ORGANIZATION | STATE OR | POSTAL CODE 97625 | COUNTRY |
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| | MAILING ADDRESS 17 HWY 140 E ADD'L INFO RE 7e. TYPE OF ORGANIZATION ORGANIZATION DEBTOR MENDMENT (COLLATERAL CHANGE): check columns are box | CITY DAIRY N 7f. JURISDIC | CTION OF ORGANIZATION | STATE OR | POSTAL CODE 97625 | COUNTRY |
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| 9.N | AME of SECURED PARTY OF RECORD AUTHORIZING | 3 THIS AMENDMENT (name of assignor, if this is an Ass | ignment). If this is an Amendment authorized by | a debter which adds 4 |
|-----|--|---|---|-----------------------|
| | llateral or adds the authorizing Debtor, or if this is a Termination authorizing ORGANIZATION'S NAME United States of America acting thr 9b. INDIVIDUAL'S LAST NAME | u FARM SERVICE AGENCY $^{\circ}$ | uthorizing this Amendment, | 11 11 |
| | OPTIONAL FILER REFERENCE DATA | FIRST NAME | MIDDLE NAME | SUFFIX |

404 FILING OFFICE COPY - NATIONAL UCC FINANCING STATEMENT AMENDMENT (FORM UCC3) (REV. 8/02)

