



2008-008019
Klamath County, Oregon



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06/03/2008 09:02:21 AM

Fee: \$21.00

UCC FINANCING STATEMENT AMENDMENT

FOLLOW INSTRUCTIONS (front and back) CAREFULLY

A. NAME & PHONE OF CONTACT AT FILER [optional] JACKIE GLAWE 402-462-4129 EXT 225
B. SEND ACKNOWLEDGMENT TO: (Name and Address) <div>T-L CREDIT COMPANY P.O. BOX 1386 HASTINGS, NE 68902</div>

THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY

1a. INITIAL FINANCING STATEMENT FILE # VOLM04PG88976-77 12/29/2004	1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. <input type="checkbox"/>				
2. <input checked="" type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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 <input type="checkbox"/> Debtor or <input type="checkbox"/> Secured Party of record. Check only <u>one</u> of these two boxes. Also check <u>one</u> of the following three boxes <u>and</u> provide appropriate information in items 6 and/or 7. <input type="checkbox"/> CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party. <input type="checkbox"/> DELETE name: Give record name to be deleted in item 6a or 6b. <input type="checkbox"/> ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable).					
6. CURRENT RECORD INFORMATION:					
6a. ORGANIZATION'S NAME					
OR	<table><tr><td>6b. INDIVIDUAL'S LAST NAME BLODGETT</td><td>FIRST NAME SHAWN</td><td>MIDDLE NAME E</td><td>SUFFIX</td></tr></table>	6b. INDIVIDUAL'S LAST NAME BLODGETT	FIRST NAME SHAWN	MIDDLE NAME E	SUFFIX
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7. CHANGED (NEW) OR ADDED INFORMATION:					
7a. ORGANIZATION'S NAME					
OR	<table><tr><td>7b. INDIVIDUAL'S LAST NAME</td><td>FIRST NAME</td><td>MIDDLE NAME</td><td>SUFFIX</td></tr></table>	7b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
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7c. MAILING ADDRESS		CITY	STATE	POSTAL CODE	COUNTRY
7d. SEE INSTRUCTIONS	ADD'L INFO RE ORGANIZATION DEBTOR	7e. TYPE OF ORGANIZATION	7f. JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any	<input type="checkbox"/> NONE

8. **AMENDMENT (COLLATERAL CHANGE):** check only one box.
Describe collateral ☐ deleted or ☐ added, or give entire ☐ restated collateral description, or describe collateral ☐ assigned.

**1-665P 1 TOWER T-L IRRIGATION SYSTEM INCLUDING 1-10HP, 1PH, 460V ELECTRIC MOTOR AND PANEL;
1-2HP BOOSTER AND ALL OTHER ACCESSORIES S/N 21999
1-10HP BERKELEY PUMP AT 200 GPM S/N _____
600'-6" CLASS 125 GASKETED PIPE**

ADDITIONAL DEBTOR: AMANDA BLODGETT
KLAMATH COUNTY, OREGON
LOAN #1620

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 authorized by a Debtor, check here <input type="checkbox"/> and enter name of DEBTOR authorizing this Amendment.				
9a. ORGANIZATION'S NAME				
OR	9b. INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX

10. OPTIONAL FILER REFERENCE DATA