## 2010-009296 Klamath County, Oregon



UCC FINANCING	ENT <b>AMENDMEN</b>	<b>T</b>	08/06/2010 09:35:05 AM Fee				
FOLLOW INSTRUCTIONS							
A. NAME & PHONE OF C							
JULIA McCOY 40							
B. SEND ACKNOWLEDG	MENT TO: (Nan	ne and Address)					
I ' TI	CREDIT C	OMDANV					
	. BOX 1386	OMITANI					
	STINGS, NI	E 68902					
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<u> </u>			<b>-</b>	THE AROVE SPA	CE IS FO	R FILING OFFICE U	ISE ONLY
1a. INITIAL FINANCING STAT	EMENT FILE#	<u> </u>				FINANCING STATEM	
VM05, PG2614	4-45 FILE	D ON 4/15/2005			I to b	e filed (for record) (or re AL ESTATE RECORDS	corded) in the
		nancing Statement identified above is	terminated with respect to sec	curity interest(s) of the S			
3. CONTINUATION: E	ffectiveness of the	Financing Statement identified above	e with respect to security inte	rest(s) of the Secured	Party autho	rizing this Continuation	Statement is
continued for the additi	onal period provide	d by applicable law.					
4. ASSIGNMENT (full of	r partial): Give nar	ne of assignee in item 7a or 7b and a	ddress of assignee in item 7c;	and also give name of a	assignor in	item 9.	
5. AMENDMENT (PARTY	INFORMATION	): This Amendment affects Det	otor or Secured Party of	record. Check only on	e of these t	Wo boxes.	
		d provide appropriate information in its	ems 6 and/or 7.				
CHANGE name and/or adding to changing the		DELETE name: Give red to be defeted in item 6a o	ord name or 6b.	ADD n also co	ame; Completeitem 7a o ompleteitems 7e-7g (if ap	r7b, and also item 7c; plicable).	
6. CURRENT RECORD INF							
6a. ORGANIZATION'S N							
LYNHART I	<u>RANCH, L</u>	<u>LC</u>	T				
BB, INDIVIDUAL S LAST	NAME		FIRST NAME		MIDDLE	NAME	SUFFIX
HARTMAN		HAROLD					
7. CHANGED (NEW) OR AL		ION:					
7a. ORGANIZATION'S N.	AME						
OR 75. INDIVIDUAL'S LAST NAME		FIRST NAME		MIDDLE NAME SUFFIX			
7c. MAILING ADDRESS			CITY		STATE	POSTAL CODE	COUNTRY
7d. SEE INSTRUCTIONS	ADD'L INFO RE 79, TYPE OF ORGANIZATION		7f. JURISDICTION OF ORGANIZATION		7g. ORGANIZATIONAL ID #, if any		ny
	ORGANIZATION DEBTOR	· I					NONE
8. AMENDMENT (COLLA	<u> </u>	): check only one box				<del></del>	INONE
· —		or give entire restated collatera	I description, or describe coll	lateral assigned.			
		·					
		IRRIGATION SYSTEM					OR AND
PANEL AND ALL	OTHER AC	CCESSORIES S/N 2232	6; 1370' - #4-4-0-0 <b>'</b>	WIRE; 630' - #	2WIRE	S	
				*			
LOCATION: N 1/2	SF 1/2 SF	CTION 2 - T41S - R12E	AND 1/2 SW1/4 S	FCTION 1 - T	11S _ D	12F	
LOCATION: II II Z	. DE 1/2, SE	311011 2 - 1415 - KIZE	AND 112 5 11 11 4, 51	ECHON 1-1-	*15 - IX	1212	
FILED IN KLAMA	TH COUN	ΓY, OR				LOAN #16	57
		<u> </u>				•	
		ORD AUTHORIZING THIS AME		_	-		ed by a Debtor which
		or if this is a Termination authorized b	by a Debtor, check here ar	nd enter name of DEB1	OR author	rizing this Amendment.	
9a. ORGANIZATION'S NA							_
		<u>NY, A DIVISION O</u>		TION COM			Teuren
96. INDIVIDUAL'S LAST I	AVINE		FIRST NAME		MIDDLE	NAME	SUFFIX
10 OPTIONAL EUER REFERE	NCE DATA						
10.OPTIONAL FILER REFERE	INCE DATA						