## 2016-004697 Klamath County, Oregon

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UCC FINANCING STATEMENT A	AMENDMENT
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05/10/2016 10:59:18 AM Fee: \$42.00 **FOLLOW INSTRUCTIONS** A NAME & PHONE OF CONTACT AT FILER (optional)
Rachel Van Dyke 503-373-3070 B. E-MAIL CONTACT AT FILER (optional) rachel.vandyke@northwestfcs.com C. SEND ACKNOWLEDGMENT TO: (Name and Address) FCS - Salem 650 Hawthorne Ave SE, Ste 210 Salem, OR 97301 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) INITIAL FINANCING STATEMENT FILE NUMBER in the REAL ESTATE RECORDS KLAMATH COUNTY M96 16448 Filer: attach Amendment Addendum (Form UCC3Ad) and provide Debtor's name in item 13 TERMINATION: Effectiveness of the Financing Statement identified above is terminated with respect to the security interest(s) of Secured Party authorizing this Termination Statement. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, and address of Assignee in item 7c and name of Assignor in item 9 For partial assignment, complete items 7 and 9 and also indicate affected collateral in item 8 CONTINUATION: Effectiveness of the Financing Statement identified above with respect to the security interest(s) of Secured Party authorizing this Continuation Statement is continued for the additional period provided by applicable law PARTY INFORMATION CHANGE: Check one of these two boxes AND Check one of these three boxes to: Debtor or Secured Party of Record CHANGE name and/or address: Complete DELETE name: Give record name ADD name: Complete item 7a or 7b, and item 7c CURRENT RECORD INFORMATION: Complete for Party Information Change - provide only one name (6a or 6b) 6a. ORGANIZATION'S NAME Sierra Cascade Nursery, Inc. ADDITIONAL NAME(S)/INITIAL(S) FIRST PERSONAL NAME SUFFIX 6b. INDIVIDUAL'S SURNAME CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Information Change - provide only one name (7a or 7b) (use exact, full name; do not ornit, modify, or abbreviate any part of the Debtor's na ORGANIZATION'S NAME OR 7b. INDIVIDUAL'S SURNAME INDIVIDUAL'S FIRST PERSONAL NAME INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) POSTAL CODE - .... COUNTRY 7c MAILING ADDRESS COLLATERAL CHANGE: Also check one of these four boxes: ADD collateral DELETE collateral RESTATE covered collateral ASSIGN collateral Indicate collateral NAME of SECURED PARTY of RECORD Authorizing this amendment. Provide only one name (9a or 9b) (name of Assignor, if this is an Assignment) If this is an Amendment authorized by a DEBTOR, check here and provide name of authorizing DEBTOR ORGANIZATION'S NAME Northwest Farm Credit Services, PCA OR 9b. INDIVIDUAL'S SURNAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX FIRST PERSONAL NAME

OPTIONAL FILER REFERENCE DATA: