UCC FINANCING STATEMENT AMENDMENT FOLLOW INSTRUCTIONS A. NAME & PHONE OF CONTACT AT FILER (optional) Beryl Kowalski B. E-MAIL CONTACT AT FILER (optional) beryl.kowalski@northwestfcs.com C. SEND ACKNOWLEDGMENT TO: (Name and Address)	г	AGSTAFF, CAMILLA JU 461 ien#: 461051-19	051-19_58555		f State 4/2013 UCC
Farm Credit Services 308 S.E. 10th Street Ontario, OR 97914	7	THE ABOVE SPA	CE IS FOR FILING	G OFFICE USE (DAU V
18. INITIAL FINANCING STATEMENT FILE NUMBER 461051	1b.	This FINANCING STATE	MENT AMENDMENT	is to be filed [for re	cord) (or recorded)
TERMINATION: Effectiveness of the Financing Statement Identified above	Is terminated with	Filer: <u>attach</u> Amendment Ad respect to the security interest(s) of			
3. ASSIGNMENT (full or partial): Provide name of Assignee in item 7a or 7b, a For partial assignment, complete items 7 and 9 and also indicate affected colli	and address of Ass				HIGH SUITERING
CONTINUATION: Effectiveness of the Financing Statement Identified above the additional period provided by applicable law		e security interest(s) of Secured P	arty authorizing this	Continuation States	nent is continued for
5. PARTY INFORMATION CHANGE:	of these three box				
	E name and/or add or 6b; <u>and</u> item 7a o e — provide only <u>or</u>	(7b and item 7c 🕊 7a or 7b	e: Complete item	DELETE name to be deleted in	: Give record name illem 6a or 6b
OR 65). INDIVIDUAL'S SURNAME	FIRST PERSON	AL NAME	ADDITIONAL NAM	ME(S)/INITIAL(S)	SUFFIX
7. CHANGED OR ADDED INFORMATION: Complete for Assignment or Party Informed 7a. ORGANIZATION'S NAME	don Changa – provida	only <u>one</u> name (7s or 7b) (was exact, full I	name; do not omit, modif	y, or abbreviate any pa	of the Deblor's name)
OR 75. INDMIDUAL'S SURNAME Wagstaff					
INDIVIDUAL'S FIRST PERSONAL NAME Camilla					
INDIVIDUAL'S ADDITIONAL NAME(S)/INITIAL(S) JUIEEN	-				
7c. MAILING ADDRESS	CITY			AL CODE	COUNTRY
	Nyssa		OR 97	913	
8. COLLATERAL CHANGE: Also check one of these four boxes: Also check one of these four boxes: Also check one of these four boxes:	DD collateral	DELETE collateral 6	RESTATE covered o	ollaterel 🔲 A	SSIGN collaiorzi
9. NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT: PRO			hit is an Assignment)	
If this is an Amendment authorized by a DEBTOR, check here and provide n 9a. ORGANIZATION'S NAME	ame of authorizing				
Northwest Farm Credit Services, P	PERSON	L NAME	ADDITIONAL NAM	E(S)/INITIAL/S)	SUFFIX
				(-p.:r. = m(m)	
10. OPTIONAL FILER REFERENCE DATA:					
404 FILING OFFICE COPY — UCC FINANCING STATEMENT AMENDMENT	(EODM UCCA)	Pour 05/12\	· · · · · · · · · · · · · · · · · · ·		

USE THIS FORM TO ADD NAMES ONLY (DO NOT USE FOR CHANGES, DELETIONS, OR ASSIGNMENTS)

	C FINANCING STATEMENT AMENDMENT ADDI	TIONAL	PARTY				
19. 46	INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a $^{\circ}$	on Amendm	ent form]			
20.	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item to 20a. ORGANIZATION'S NAME Northwest Farm Credit Service						
OR	20b. INDIVIDUAL'S SURNAME						
	FIRST PERSONAL NAME			·			
	ADDITIONAL NAME(S)INITIAL(S)		SUFFIX	TME ABOVE S	ACE IS FO	or filing office u	SE ONLY
21.	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21 21a. ORGANIZATION'S NAME	lb) (vee exect	full name; do not	omit, modify, or abbre	íate any part	of the Debtor's name)	
OR	21b. INDIVIDUAL'S SURNAME Wagstaff	FIRST PERSONAL NAME Brent			ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
21¢. 28	B23 Jefferson Dr	Alling ADDRESS 23 Jefferson Dr Nyssa			STATE OR	97913	COUNTRY
22.	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (22a or 22 22a. ORGANIZATION'S NAME	lb) (use exact	full name; do not	omit, modify, or abbrev	iate any part	of the Debtor's name)	
OR	22b. INDIVIDUAL'S SURNAME Bowns	FIRST PER Denr	SONAL NAME 118		Jean	SUFFIX	
22°.	399 Hwy 201		Nyssa			97913	COUNTRY
23.	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (23a or 23 23a ORGANIZATION'S NAME	D) (use exact	full name; do not	omit, modify, or abbrev	izle any part	of the Debtor's name)	
OR	236. INDIVIDUAL'S SURNAME Bowns	FIRST PER Juler	SONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX
23°. 23	MAILING ADDRESS 99 Hwy 201	Nyssa	1		STATE OR	97913	COUNTRY
24.	ADDITIONAL SECURED PARTY'S NAME of ASSIGNO 248. ORGANIZATION'S NAME	OR SECUE	RED PARTY'S	NAME: Provide on	ly <u>orge</u> name ((24a or 24b)	
OR	24b. INDIVIDUAL'S SURNAME	FIRST PERSONAL			ADDITIONAL NAME(S)INITIAL(S)		
24c.	MAILING ADDRESS		СПУ		STATE	POSTAL CODE	COUNTRY
25.	ADDITIONAL SECURED PARTY'S NAME C ASSIGNO 258. ORGANIZATION'S NAME	R SECUR	ED PARTY'S	NAME: Provide only	<u>one</u> name (2	?5g or 25b)	<u> </u>
OR	26b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)INITIAL		L NAME(S)/INITIAL(S)	SUFFIX
25c.	MAILING ADDRESS	CITY			STATE	POSTAL CODE	COUNTRY
26.	MISCELLANEOUS	•					1.

USE THIS FORM TO ADD NAMES ONLY (DO NOT USE FOR CHANGES, DELETIONS, OR ASSIGNMENTS)

UCC FINANCING STATEMENT AMENDMENT ADDITIONAL PARTY

FOL	LOW INSTRUCTIONS							
19. 46	INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a $^\circ$ 1051	on Amendm	ent form					
20	NAME OF PARTY AUTHORIZING THIS AMENDMENT: Same as item 5	+ + - 1 5						
20.	20a, ORGANIZATION'S NAME	on Amena	ment rom					
	Northwest Farm Credit Service	0 D	$\sim \wedge$					
	Northwest Fairi Credit Service	35, FU	JΑ .					
OR	20b. (NDIVIDUAL'S SURNAME							
	FIRST PERSONAL NAME							
	<u> </u>		Υ					
	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX					
				THE ABOVE SP	ACE IS FO	R FILING OFFICE U	SE ONLY	
21.	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21s or 21	b) (use exect,	, full name; do not	omit, modify, or abbrey	iate any nan	of the Debtor's name)		
	21a. ORGANIZATION'S NAME	-7,				ar are occupied interior		
OR	21b. INDIVIDUAL'S SURNAME	FIRST PER	SONAL NAME		LADDITIONA	L NAME(S)/INITIAL(S)	SUFFIX	
	Wagstaff	Robe			Lloyd		301112	
210	MAILING ADDRESS	CITY						
17	060 Överstreet Rd	Nys	22		OR	97913	COUNTRY	
	oo overstreet iva	1493	<u> </u>		OIX	3/3/3		
22.	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (22s or 22)	b) (use exact	full name; do not	omit, modify, or abbrev	isle any part	of the Debtor's name)		
	22a. ORGANIZATION'S NAME					· · · · · · · · · · · · · · · · · · ·		
OR	22b. INDIVIDUAL'S SURNAME	FIRST PER	SONAL NAME		ADDITIONA	L NAME(S)/INITIAL(S)	SUFFIX	
	Hansen	Vale	ne		Rene	3e		
22c.		CITY			STATE	POSTAL CODE	COUNTRY	
19	Malung Address 980 Adrian Blvd	Nyss	sa		ÖR	97913	COOMING	
23.	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (23a or 23)	b) (use exact,	full name; do not	omit, modify, or abbrevi	afé any part	of the Debtor's name)		
	23a, ORGANIZATION'S NAME							
OR								
OK	23b. INDIVIDUAL'S SURNAME		SONAL NAME	•	ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX	
	Hansen	Charles			Glenn			
23c	Malung appress 80 Adrian Blvd	CIŢY			STATE	POSTAL CODE	COUNTRY	
19	80 Adrian Biva	Nyssa	a		OR	97913]	
24.	ADDITIONAL SECURED PARTY'S NAME OF ASSIGNO	R SECUE	RED PARTY'S	NAME: Provide on	V 000 0000 /	249 ~ 245\		
	248, ORGANIZATION'S NAME			TIPATE. FIOVICE OF	y bill name (248 G 240)		
OR	24b, INDIVIDUAL'S SURNAME	I FIRST PER	SONAL NAME		ADDITIONA	L NAME(S)/INITIAL(S)	SUFFIX	
		1	OOI TO TO THE		ADDITION.	E INCHESTONIAL INCS	SUFFIX	
240	MAILING ADDRESS	CITY			STATE			
]			DIAID	POSTAL CODE	COUNTRY	
25.	ADDITIONAL SECURED PARTY'S NAME or ASSIGNO	R SECUR	ED PARTY'S	NAME: Provide only	one name (2	25a or 26b)		
	26a, ORGANIZATION'S NAME							
OR	25b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME			ADDITIONAL NAME(S)/INITI		SUFFIX	
		}		,				
25c.	MAILING ADDRESS	CITY		····	STATE	POSTAL CODE	COUNTRY	
26.	MISCELLANEOUS				***			

USE THIS FORM TO <u>ADD</u> NAMES ONLY (DO NOT USE FOR CHANGES, DELETIONS, OR ASSIGNMENTS)

	C FINANCING STATEMENT AMENDMENT ADDITECTIONS	TIONAL PARTY							
¹⁹ .	INITIAL FINANCING STATEMENT FILE NUMBER: Same as item 1a c 1051	on Amendment form							
20.	NAME OF PARTY AUTHORIZING THIS AMENDMENT: SEME BE ITEM SOME ORGANIZATION'S NAME Northwest Farm Credit Service								
OR	20b. INDIVIDUAL'S SURNAME								
	FIRST PERSONAL NAME								
	additional name(s)/initial(s)	DITIONAL NAME(S)/INITIAL(S)			R FILING OFFICE US	SE ONLY			
21.	ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (21a or 21) 21a. ORGANIZATION'S NAME	b) (use exact, full name; do no	tomit, modify, or abbrev	date any part	of the Debtor's name)				
OR	21b. INDIVIDUAL'S SURNAME Wagstaff	FIRST PERSONAL NAME Richard		ADDITIONAL NAME(S)/INITIAL(S		SUFFIX			
21c. 86	MAILING ADDRESS 7 Owyhee Ave	Nyssa		STATE	97913	COUNTRY			
22.	22. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (22a or 22b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 22a. ORGANIZATION'S NAME								
OR	22b, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX			
22c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY			
23.	23. ADDITIONAL DEBTOR'S NAME: Provide only one Debtor name (23e or 23b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name) 23a. ORGANIZATION'S NAME								
OR	 23b, Individual's surname Wagstaff	FIRST PERSONAL NAME Kim		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX			
^{23c} 10	MAILING ADDRESS 60 Overstreet Rd	Nyssa		STATE OR	POSTAL CODE 97913	COUNTRY			
24.	24. ADDITIONAL SECURED PARTY'S NAME or ASSIGNOR SECURED PARTY'S NAME: Provide only one name (24g or 24b) 24a. ORGANIZATION'S NAME								
OR	24b, INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX			
24c.	MAILING ADDRESS	CITY		STATE	POSTAL CODE	COUNTRY			
25.	ADDITIONAL SECURED PARTY'S NAME OF ASSIGNOR	R SECURED PARTY'S	NAME: Provide only	y <u>one</u> name (2	25a or 25b)				
OR	25b. INDIVIOUAL'S SURNAME	FIRST PERSONAL NAME		ADDITIONAL NAME(S)/INITIAL(S)		SUFFIX			
25c.	MAILING ADDRESS	СПТУ		STATE	POSTAL CODE	COUNTRY			
25.	MISCELLANEOUS					<u> </u>			