UCC FINANCING STATEMEN MENDMENT FOLLOW INSTRUCTIONS (front and back) CARLLY A. NAME & PHONE OF CONTACT AT FILER [opil] MICHELE AMUNDSON/800-328563/X502 B. SEND ACKNOWLEDGMENT TO: (Name and ess) FARM CREDIT LEASING SPICES CORPORATION 5500 WAYZATA BLVD SUL#1600 MINNEAPOLIS, MN 55416 THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY This FINANCING STATEMENT AMENDMENT is 1a. INITIAL FINANCING STATEMENT FILE# #1718 BOOK 325, PAGE 125 FILED: 2-1-99 to be filed [for record] (or recorded) in the REAL ESTATE RECORDS. 2. X TERMINATION: Effectiveness of the Financing ment identified above is terminated with respect to security interest(s) of the Secured Party authorizing this Termination State 3. CONTINUATION: Effectiveness of the Finar Statement identified above with respect to security interest(s) of the Secured Party authorizing this Continuation State continued for the additional period provided by sable law. 4. ASSIGNMENT (full or partial): Give name of nee 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): Thieridment affects Debtor of Secured Party of record. Check only one of these two boxes. Also check one of the following three boxes and provipropriate information in items 6 and/or 7. CHANGE name and/or address: Give current receme in item 6a or 6b; also give new name (if name change) in item 7a or 7b and/or ne/cess (if address change) in item 7c DELETE name: Give record name to be deleted in item 6a or 6b. 6. CURRENT RECORD INFORMATION: 6a. ORGANIZATION'S NAME SUFFIX MIDDLE NAME FIRST NAME OR 6b. INDIVIDUAL'S LAST NAME **ANDREW** MARSHALL CHANGED (NEW) OR ADDED INFORMATION. 7a. ORGANIZATION'S NAME MIDDLE NAME SUFFIX IRST NAME OR 7b. INDIVIDUAL'S LAST NAME COUNTRY POSTAL CODE STATE CITY 7c. MAILING ADDRESS ADD'L INFO RE 17e. OF ORGANIZATION ORGANIZATION DEBTOR g. ORGANIZATIONAL ID #, if any 71. JURISDICTION OF ORGANIZATION 7d. TAX ID #: SSN OR EIN NONE 8. AMENDMENT (COLLATERAL CHANGE): craffy one box. Describe collateral deleted or added, or cultre restated collateral description, or describe ESCROW #00212208 9. NAME OF SECURED PARTY OF RECORF I HORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment author adds collateral or adds the authorizing Debtor, or if La Termination authorized by a Debtor, check here and enter name of DEBTOR authorizing this Amendment. nt). If this is an Amendment authorized by a Debtor which FARM CREDIT LEASING SPICES CORPORATION SUFFIX MIDOLE NAME FIRST NAME 9b. INDIVIDUAL'S LAST NAME 10. OPTIONAL FILER REFERENCE DATA RORDED IN THE REAL ESTATE RECORDS EUREKA COUNTY, NV (6061051)(5040895)

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UCC FINANCING STATE	MENTMENDMEN	T ADDENDUM	
FOLLOW INSTRUCTIONS (front and band)	eck) CARLLY	nt form)	
12. NAME OF PARTY AUTHORIZING			
FARM CREDIT LEASIN	G SER ES CORPORAT	ON	
OR 12b. INDIVIDUAL'S LAST NAME	FNAME	MIDDLE NAME, SUFFIX	
13. Use this space for additional inform	nation		
13. Osb uno space loi coestione mana			THE ABOVE SPACE IS FOR FILING OFFICE USE ONLY
1ST LESSEE(DEBTOR): M 2ND LESSEE(DEBTOR): M	MARSHL, DESERI	<u> </u>	
RECORD OWNER OF REA			\ \
& BOOKBACKS, S/N: L655	572		ENTER PIVOT SYSTEM W/ AIMS PANEL
LEGAL LAND DESCRIPTI COUNTY, NEVADA.	ON: S NE 1/4; SE 1/4 I	OTS 15 & 16, SEC 4, TW	P 20N, R 53E MDB&M IN EUREKA
			BOOK 344 PAGE 114 OFFICIAL RECORDS RECORDED AT THE REQUEST OF Sarm Credit Scasing OI SEP 28 PM 3: 23
(6061051)(5040895)			EUREKA COUNTY NEVADA M.N. REBALEATI. RECORDER FILE NO. FEES

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