		_
<u></u>		BOOK 382 PAGE 87 OFFICIAL RECORDS RECORDED AT THE REDUEST OF US DA Jam Service Qq
	•	OFFICIAL RECORDS
		11504 Jam Service ag
		2004 MAY 27 RM 1: 11
CC FINANCING STATEMENT AMENDMEN	JT '	ZUUY EN TITTE
DLLOW INSTRUCTIONS (front and back) CAREFULLY	••	EUREKA COUNTY HEYADA
NAME & PHONE OF CONTACT AT FILER [optional]		M.N. REBALEATI, RECORDER FILE NO. FEES 42
Cathy Yardley 775-738-6445		FILE NO. FELS 42 -
SEND ACKNOWLEDGMENT TO: (Name and Address)		187898 \
		\ \
Farm Service Agency 555 West Silver Street, Suite 101	~	\ \
Elko, NV 89801		
•		
1		
	THE ABOVE	SPACE IS FOR FILING OFFICE USE ONLY
INITIAL FINANCING STATEMENT FILE #		1b. This FINANCING STATEMENT AMENDMENT is to be filed [for record] (or recorded) in the
154812		REAL ESTATE RECORDS
TERMINATION: Effectiveness of the Financing Statement identified above		
CONTINUATION: Effectiveness of the Financing Statement identified abordinued for the additional period provided by applicable law.	ove with respect to security interest(s) of the Sec	ured Party authorizing this Continuation Statement is
ASSIGNMENT (full or partial): Give name of assignee in item 7a or 7b and	address of assignee in item 7c; and also give nam	e of assignor in item 9.
AMENDMENT (PARTY INFORMATION): This Amendment affects De		
Also check one of the following three boxes and provide appropriate information in	- L ,	, /
CHANGE name and/or address: Please refer to the detailed instructions in regards to changing the name/address of a party.	DELETE name: Give record name to be deleted in item 6a or 6b.	ADD name: Complete item 7a or 7b, and also item 7c; also complete items 7e-7g (if applicable).
CURRENT RECORD INFORMATION:		
6a. ORGANIZATION'S NAME	1 (
R R. INDIVIDUAL'S LAST NAME		
OU, INDIVIDUAL S EAST NAME	FIRST NAME	MIDDLE NAME SUFFIX
Hodson	Raymond	
CHANGED (NEW) OR ADDED INFORMATION: 7a. ORGANIZATION'S NAME		
	\ \	\/
75, INDIVIDUAL'S LAST NAME	FIRST NAME	MIDDLE NAME SUFFIX
\ \	\ \	
MAILING ADDRESS	CITY	STATE POSTAL CODE COUNTRY
SFE INSTRUCTIONS ADD'L INFO RE 7. TYPE OF ORGANIZATION ORGANIZATION	71, JURISDICTION OF ORGANIZATION	7g. ORGANIZATIONAL ID #, if any
DEBTOR		
AMENDMENT (COLLATERAL CHANGE): check only one box.		
Describe collateraldeleted or added, or give entirerestated collater	ral description, or describe collateralassign	ed.
The state of the s	and the second s	
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized		nment). If this is an Amendment authorized by a Debtor which DEBTOR authorizing this Amendment
9a. ORGANIZATION'S NAME	f by a Debtor, check here and enter name of [
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized 9a. ORGANIZATION'S NAME United States of America acting through Farm Ser	t by a Debtor, check here and enter name of the vice Agency	DEBTOR authorizing this Amendment
adds collateral or adds the authorizing Debtor, or if this is a Termination authorized 9a. ORGANIZATION'S NAME	f by a Debtor, check here and enter name of [