CC FINANCING STATEMENT AMENOMENT  ALLOW INSTRUCTIONS (front and block) CAREFALLY  NAME & PHONE CONTINCT AT FEEL [Global]  Cathy Yardiev, 775-738-6445  SENS ACKNOWLEGARIET TO, (Name and Address)  Farm Service Agency 555 West Silver Street, Suite 101  Elko, NV 89801  THE REQUEST PAGE IS FOR PILMO OFFICE USE ONLY  173711  TERMINATION. Enclosures of the Termination of the Section of		•		
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Bb. INDIVIDUAL'S LAST NAME  Moyle  Dusty  L.  CHANGED (NEW) OR ADDED INFORMATION:  7a. ORGANIZATION'S NAME  R 7b. INDIVIDUAL'S LAST NAME  FIRST NAME  FIRST NAME  MIDDLE NAME  SUFFIX  STATE  POSTAL CODE  COUNTRY  ADD'L INFO RE  7c. TYPEOF ORGANIZATION  ORGANIZATION  ORGANIZATION  ORGANIZATION  DESTOR  AMENDMENT (COLLATERAL CHANGE): check only and box.  Describs collateral deleted or added, or give entire restated collateral description, or describe collateral assigned.  NAME OF SECURED PARTY OF RECORD AUTHORIZING THIS AMENDMENT (name of assignor, if this is an Assignment). If this is an Amendment authorized by a Debtor which adds collaterar and enter name of DEBTOR authorizing this Amendment.  Sa. ORGANIZATION'S NAME  Suffix  Suffix  Suffix  Suffix  In MIDDLE NAME  Suffix				
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