

SAMPLE

STATE OF IDAHO - FARM PRODUCTS STATEMENT OF CONTINUATION, AMENDMENT, ETC.- FORM UCC-3F

Mail to: Secretary of State, UCC Division, 450 N 4th, PO Box 83720, Boise ID 83720-0080 Telephone: 208-334-3191 Fax: 208-334-2847

Customer account number

See instructions, fee schedule and tables of codes on reverse.

This statement refers to UCC-1F Farm Products Financing Statement file number:

F11111

Filed on (month /day / year):

01/01/2001

- CONTINUATION. The original financing statement bearing file number shown is still effective.
TERMINATION. Secured party no longer claims a security interest under the financing statement bearing file number shown.
ASSIGNMENT. The secured party's right under the financing statement bearing file number shown has been assigned to the assignee shown at the bottom of form.
AMENDMENT. Financing statement bearing file number shown is amended as set forth below.

This block for Filing Office use only.

Table with 4 debtor entries. Each entry includes Debtor number, Organization or Indiv. Last Name, First Name, Middle Name, Suffix, Address, City, State, Zip, and SSN/TIN.

Secured Party or Assignee of Record Name and Address

Table for Secured Party or Assignee of Record. Includes Organization or Indiv. Last Name, First Name, Middle Name, Suffix, Address, City, State, Zip, and SSN/TIN.

Acknowledgment Name and Address, if not Secured Party

Table for Acknowledgment Name and Address. Includes Organization or Indiv. Last Name, First Name, Middle Name, Suffix, Address, City, State, and Zip.

Enter additions to or deletions from the farm products covered by the financing statement.

Table with 9 columns: Item No., Add (A) / Delete (D), Product Code, Product Name (optional), County Code(s), Crop Year(s), Amount, Unit, Add. Info.

Enter changes to debtor information, additional collateral information, other amendments, and assignee name and address.

Debtor Signature(s) - [optional if signed agreement exists granting a lien on the crop(s)]

- Numbered list 1-4 for debtor signatures.

Signature of Secured Party / Assignee of Record

New Assignee Name and Address

Table for New Assignee Name and Address. Includes Organization or Indiv. Last Name, First Name, Middle Name, Suffix, Address, City, State, Zip, and SSN/TIN.